# 837 Health Care Claim: Institutional

ASC X12N 837 (004010X096A1)

Nebraska Health and Human Services System



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide Version: 1.02

#### Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

#### Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information from providers of health care services to Nebraska Medicaid, either directly or via intermediary billers and claims clearinghouses.

This Companion Guide governs electronic billing of institutional (hospital/homehealth/nursing facility) services on an ASC X12N 837 - Institutional (004010X096A1) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

- Required Segments No directive.
- 2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive "Required by NE Medicaid when applicable as specified in the Implementation Guide".
- 3. Situational segments always required by NE Medicaid will be accompanied by the following directive "Required by NE Medicaid".
- 4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

- 1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
- 2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
- 3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason. Claims containing data designated as "Not Allowed" or failing to include the specific values required will be accepted by NE Medicaid but the claim will be deleted by the adjudication system. The Electronic Claim Activity report will be used to convey the claims deleted and the associated reasons. Segments designated as "Not Used" will not affect adjudication.

#### **Data Submission Criteria**

Nebraska Medicaid uses the following separators:

\* (asterisk) for element separator
^ (carrot) for sub-element separator
Carriage Return for Segment terminator
| (vertical bar) for repeat character
ASCII 042
ASCII 094
ASCII 094
ASCII 094
ASCII 1042
ASCII 104

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <a href="http://www.hhs.state.ne.us/med/medindex.htm">http://www.hhs.state.ne.us/med/medindex.htm</a>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at <a href="mailto:medicaid.edi@hhss.state.ne.us">medicaid.edi@hhss.state.ne.us</a>.

#### **Revisions to Companion Guide:**

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

#### Changes in Version 1.02:

- Page 3 Revision: Loop ID Introduction Data submission criteria has been added to the Introduction. (Version 1.01, Page 3)
- <u>Page 5 Revision</u>: ISA Interchange Control Header segment has been added to the Transaction Summary. This segment is also addressed in the Trading Partner Enrollment Process. (Version 1.01, Page 5)
- <u>Page 5 Revision</u>: GS Functional Group Header segment has been added to the Transaction Summary. This segment is also addressed in the Trading Partner Enrollment Process. (Version 1.01, Page 5)
- <u>Page 6 Revision</u>: Loops 2000C Patient Hierarchical Level and 2010CA Patient Name have been added to the Transaction Summary, but are not used. (Version 1.01, Page 6)
- Page 9 Revision: GE Functional Group Trailer segment, has been added to the Transaction Summary. (Version 1.01, Page 9)
- <u>Page 9 Revision</u>: IEA Interchange Control Trailer segment, has been added to the Transaction Summary. (Version 1.01, Page 9)
- <u>Page 10 Addition</u>: ISA Interchange Control Header segment, has been added with clarification of data required. (Not in Version 1.01)
- <u>Page 13 Addition</u>: GS Functional Group Header segment has been added with clarification of data required. (Not in Version 1.01)
- <u>Page 30 Revision</u>: Loop 2010BA NM1 Subscriber Name segment NE Medicaid Directive has been added to address "ineligible mother/unborn" issue. (Version 1.01, Page 25)
- <u>Page 33 Revision</u>: Loop 2010BA DMG Subscriber Demographic Information segment, the NE Medicaid Directive has been changed to address the "ineligible mother/unborn" issue. (Version 1.01, Page 28)
- <u>Page 35 Revision</u>: Loop 2300 CLM Claim Information segment, CLM05, Claim Frequency Type Code, NE Medicaid Directive
  has been changed to indicate that codes 9 Z should not be used. (Version 1.01, Page 30)
- <u>Page 40 Revision</u>: Loop 2300 CL1 Institutional Claim Code segment, CL103, Patient Status Code, NE Medicaid Directive
  has been clarified to indicate that an interim claim frequency type code (2 or 3) requires a patient status code 30. (Version 1.01,
  Page 35)
- Page 131 Addition: GE Functional Group Trailer segment has been added. (Not in Version 1.01)
- Page 132 Addition: IEA Interchange Control Trailer segment has been added. (Not in Version 1.01)

## **837** Health Care Claim: Institutional

### Functional Group=**HC**

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

#### **Transaction Summary:**

If "NE Medicaid Usage" says: Required Required by Implementation Guide.

Used by NÉ Medicaid, see specific requirements in Implementation Guide or in NE

Medicaid Directive.

Not Used Not used or retained.

#### **Not Defined:**

<u>Pos</u>	<u>ID</u>	Segment Name	<u>Max Use</u>	<u>Repeat</u>	NE Medicaid Usage
	<b>IS</b> A	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

#### Heading:

Pos S	<u>ID</u>	Segment Name	Max Use	Repeat	<b>NE Medicaid Usage</b>
005	ST	Transaction Set Header	1		Required
010	BHT	Beginning of Hierarchical Transaction	1		Required
015	REF	Transmission Type Identification	1		Required
LOOF	P ID - 1000	<u>A</u>		1	
020	NM1	Submitter Name	1		Required
045	PER	Submitter EDI Contact	2		Required
		Information			•
LOOF	P ID - 1000	<u>B</u>		1	
020	NM1	Receiver Name	1	_	Required

#### Detail:

<u>Pos</u>	<u>ID</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
LOOF	P ID - 2000	<u>A</u>		<u>&gt;1</u>	
001	HL	Billing/Pay-To Provider Hierarchical Level	1		Required
003	PRV	Billing/Pay-To Provider Specialty Information	1		Not Used
010	CUR	Foreign Currency Information	1		Not Used
LOOF	PID - 2010	<u>AA</u>		<u>1</u>	
015	NM1	Billing Provider Name	1		Required
025	N3	Billing Provider Address	1		Required
030	N4	Billing Provider City/State/ZIP Code	1		Required
035	REF	Billing Provider Secondary Identification	8		Used
035	REF	Credit/Debit Card Billing Information	8		Not Used
040	PER	Billing Provider Contact Information	2		Used
LOOF	P ID - 2010	AB		1	
015	NM1	Pay-To Provider Name	1	_	Not Used

5

025					
	N3	Pay-To Provider Address	1		Not Used
030	N4	Pay-To Provider City/State/ZIP	1		Not Used
030	114	Code	'		1401 0300
005	DEE		-		Nistilaad
035	REF	Pay-To Provider Secondary	5		Not Used
		Identification			
1.00	P ID - 2000	R		>1	
001	HL	Subscriber Hierarchical Level	1	<u>~ 1</u>	Required
005	SBR	Subscriber Information	1		Required
			· ·		required
	P ID - 2010			<u>1</u>	
015	NM1	Subscriber Name	1		Required
025	N3	Subscriber Address	1		Used
030	N4	Subscriber City/State/ZIP Code	1		Used
032	DMG	Subscriber Demographic	1		Used
		Information			
035	REF	Subscriber Secondary	4		Not Used
000	IXLI	Identification	-		1401 0300
035	REF	Property and Casualty Claim	1		Not Used
033	NLI		!		Not Osed
		Number			
LOO	P ID - 2010	BB		1	
015	NM1	Credit/Debit Card Account	1	_	Not Used
0.0		Holder Name	·		1101 0000
035	REF	Credit/Debit Card Information	2		Not Used
					1401 0300
	P ID - 2010			<u>1</u>	
015	NM1	Payer Name	1		Required
025	N3	Payer Address	1		Not Used
030	N4	Payer City/State/ZIP Code	1		Not Used
035	REF	Payer Secondary Identification	3		Not Used
					1101 0000
	<u>P ID - 2010</u>			<u>1</u>	
015	NM1	Responsible Party Name	1		Not Used
025	N3	Responsible Party Address	1		Not Used
030	N4	Responsible Party City/State/ZIP	1		Not Used
		Code			
1.00	D ID 0000			4	
	P ID - 2000			<u>1</u>	
001	HL	Patient Hierarchical Level	1		Not Used
007	PAT	Patient Information	1		Not Used
LOOI	P ID - 2010	ICA		1	
	P ID – 2010 NM1		1	1	Not Used
015	NM1	Patient Name	1	<u>1</u>	Not Used
015 025	NM1 N3	Patient Name Patient Address	1	1	Not Used
015 025 030	NM1 N3 N4	Patient Name Patient Address Patient City/State/ZIP Code	1 1	1	Not Used Not Used
015 025	NM1 N3	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic	1	1	Not Used
015 025 030 032	NM1 N3 N4 DMG	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information	1 1 1	1	Not Used Not Used Not Used
015 025 030 032	NM1 N3 N4 DMG REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification	1 1 1	1	Not Used Not Used Not Used
015 025 030 032	NM1 N3 N4 DMG	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim	1 1 1	1	Not Used Not Used Not Used
015 025 030 032	NM1 N3 N4 DMG REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification	1 1 1	1	Not Used Not Used Not Used
015 025 030 032 035 035	NM1 N3 N4 DMG REF REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number	1 1 1	_	Not Used Not Used Not Used
015 025 030 032 035 035	NM1 N3 N4 DMG REF REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number	1 1 1 5 1	100	Not Used Not Used Not Used Not Used Not Used
015 025 030 032 035 035 035	NM1 N3 N4 DMG REF REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information	1 1 1 5 1	_	Not Used Not Used Not Used Not Used Not Used Required
015 025 030 032 035 035 035 LOO 130 135	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour	1 1 5 1	_	Not Used Not Used Not Used Not Used Not Used Required Used
015 025 030 032 035 035 035 LOO 130 135 135	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates	1 1 5 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required
015 025 030 032 035 035 035 LOO 130 135 135 135	NM1 N3 N4 DMG REF REF CLM DTP DTP DTP	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour	1 1 5 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used
015 025 030 032 035 035 035 LOO 130 135 135 135 140	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code	1 1 5 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used
015 025 030 032 035 035 035 130 135 135 135 140 155	NM1 N3 N4 DMG REF REF OLM DTP DTP DTP CL1 PWK	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information	1 1 5 1 1 1 1 1 1 10	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used
015 025 030 032 035 035 035 130 135 135 135 140 155 160	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information	1 1 5 1 1 1 1 1 1 10 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Not Used Not Used
015 025 030 032 035 035 035 130 135 135 135 140 155	NM1 N3 N4 DMG REF REF OLM DTP DTP DTP CL1 PWK	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information	1 1 5 1 1 1 1 1 1 10	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used
015 025 030 032 035 035 035 130 135 135 135 140 155 160	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information	1 1 5 1 1 1 1 1 1 10 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Not Used Not Used
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due	1 1 5 1 1 1 1 1 10 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Paid Amount	1 1 5 1 1 1 1 1 10 1 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum	1 1 5 1 1 1 1 1 10 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175 175	NM1 N3 N4 DMG  REF REF  P ID - 2300  CLM DTP DTP DTP CL1 PWK CN1 AMT AMT AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount	1 1 5 1 1 1 1 1 10 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used Vised Used Used Used Used Used Used Used U
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175	NM1 N3 N4 DMG REF REF P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim	1 1 5 1 1 1 1 1 10 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Required Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175 175	NM1 N3 N4 DMG REF REF  P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT AMT AMT AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim Number	1 1 5 1 1 1 1 1 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used  Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175 175 175	NM1 N3 N4 DMG  REF REF  P ID - 2300  CLM DTP DTP DTP CL1 PWK CN1 AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim Number Repriced Claim Number	1 1 5 1 1 1 1 1 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 135 140 155 160 175 175 175	NM1 N3 N4 DMG REF REF  P ID - 2300 CLM DTP DTP DTP CL1 PWK CN1 AMT AMT AMT AMT AMT AMT	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim Number Repriced Claim Number Claim Identification Number For	1 1 5 1 1 1 1 1 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used  Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 140 155 160 175 175 175 175 175	NM1 N3 N4 DMG  REF REF  P ID - 2300 CLM DTP DTP CL1 PWK CN1 AMT AMT AMT AMT AMT AMT REF REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim Number Repriced Claim Number Claim Identification Number For Clearinghouses and Other	1 1 5 1 1 1 1 1 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used Required Used Used Used Used Used Used Used Us
015 025 030 032 035 035 130 135 135 140 155 160 175 175 175 175 175	NM1 N3 N4 DMG  REF REF  P ID - 2300 CLM DTP DTP CL1 PWK CN1 AMT AMT AMT AMT AMT AMT REF REF	Patient Name Patient Address Patient City/State/ZIP Code Patient Demographic Information Patient Secondary Identification Property and Casualty Claim Number  Claim information Discharge Hour Statement Dates Admission Date/Hour Institutional Claim Code Claim Supplemental Information Contract Information Payer Estimated Amount Due Patient Estimated Amount Due Patient Paid Amount Credit/Debit Card Maximum Amount Adjusted Repriced Claim Number Repriced Claim Number Claim Identification Number For	1 1 5 1 1 1 1 1 1 1 1 1 1 1	_	Not Used Not Used Not Used Not Used Not Used Not Used Required Used Used Used Used Used Used Used Us

180		Transmission Intermediaries					
100	REF	Document Identification Code	2		Not Used		
180	REF	Original Reference Number	1		Used		
		(ICN/DCN)					
180	REF	Investigational Device	1		Not Used		
		Exemption Number					
180	REF	Service Authorization Exception	1	Not Used			
		Code					
180	REF	Peer Review Organization	1		Used		
		(PRO) Approval Number					
180	REF	Prior Authorization or Referral	2		Used		
		Number					
180	REF	Medical Record Number	1		Used		
180	REF	Demonstration Project Identifier	1		Not Used		
185	K3	File Information	10		Not Used		
190	NTE	Claim Note	10		Used		
190	NTE	Billing Note	1		Used		
216	CR6	Home Health Care Information	1		Not Used		
220	CRC	Home Health Functional	3		Not Used		
		Limitations					
220	CRC	Home Health Activities Permitted	3		Not Used		
220	CRC	Home Health Mental Status	2		Not Used		
231	HI	Principal, Admitting, E-Code and	1		Used		
		Patient Reason For Visit					
		Diagnosis Information					
231	HI	Diagnosis Related Group (DRG)	1		Not Used		
		Information					
231	HI	Other Diagnosis Information	2		Used		
231	HI	Principal Procedure Information	1		Used		
231	HI	Other Procedure Information	2		Used		
231	HI	Occurrence Span Information	2		Used		
231	HI	Occurrence Information	2		Used		
231	HI	Value Information	2		Used		
231	HI	Condition Information	2		Used		
231	HI	Treatment Code Information	2		Not Used		
240	QTY	Claim Quantity	4		Used		
240	QII	Ciairi Quaritity	7				
241	HCP		1		Not Used		
241	HCP	Claim Pricing/Repricing Information	· ·				
241		Claim Pricing/Repricing	· ·	<u>6</u>			
241	HCP	Claim Pricing/Repricing	· ·	<u>6</u>			
241 <u>LOO</u> 242	HCP P ID - 2305 CR7	Claim Pricing/Repricing Information  Home Health Care Plan Information	1	<u>6</u>	Not Used		
241 <b>LOO</b>	HCP P ID - 2305	Claim Pricing/Repricing Information  Home Health Care Plan	1	<u>6</u>	Not Used		
241 <u>LOO</u> 242 243	HCP P ID - 2305 CR7 HSD	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery	1		Not Used		
241 <u>LOO</u> 242 243 <u>LOO</u>	HCP P ID - 2305 CR7 HSD P ID - 2310	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery	1 1 12	<u>6</u>	Not Used  Not Used  Not Used		
241 <u>LOO</u> 242 243 <u>LOO</u> 250	HCP P ID - 2305 CR7 HSD P ID - 2310 NM1	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name	1 1 12		Not Used  Not Used  Not Used  Used		
241 <u>LOO</u> 242 243 <u>LOO</u>	HCP P ID - 2305 CR7 HSD P ID - 2310	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty	1 1 12		Not Used  Not Used  Not Used		
241 LOO 242 243 LOO 250 255	P ID - 2305 CR7 HSD P ID - 2310 NM1 PRV	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information	1 1 12 1 1		Not Used  Not Used  Not Used  Used  Not Used		
241 <u>LOO</u> 242 243 <u>LOO</u> 250	HCP P ID - 2305 CR7 HSD P ID - 2310 NM1	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary	1 1 12		Not Used  Not Used  Not Used  Used		
241 LOO 242 243 LOO 250 255 271	HCP P ID - 2305 CR7 HSD P ID - 2310 NM1 PRV REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification	1 1 12 1 1	1	Not Used  Not Used  Not Used  Used  Not Used		
241 LOO 242 243 LOO 250 255 271	P ID - 2305 CR7 HSD P ID - 2310 NM1 PRV REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification	1 1 12 1 1 5		Not Used  Not Used  Not Used  Used  Not Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250	P ID - 2310  P ID - 2310  NM1  PRV  REF  P ID - 2310  NM1	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B  Operating Physician Name	1 1 12 1 1 5	1	Not Used  Not Used  Used  Not Used  Used  Used  Used		
241 LOO 242 243 LOO 250 255 271	P ID - 2305 CR7 HSD P ID - 2310 NM1 PRV REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary	1 1 12 1 1 5	1	Not Used  Not Used  Not Used  Used  Not Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250	P ID - 2310  P ID - 2310  NM1  PRV  REF  P ID - 2310  NM1	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B  Operating Physician Name	1 1 12 1 1 5	1	Not Used  Not Used  Used  Not Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271	P ID - 2310  P ID - 2310  NM1  PRV  REF  P ID - 2310  NM1	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification	1 1 12 1 1 5	1	Not Used  Not Used  Used  Not Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271	P ID - 2305 CR7 HSD P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification	1 1 12 1 1 5	1 1	Not Used  Not Used  Used  Not Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271	P ID - 2310  NM1 PRV  REF  P ID - 2310  NM1 PRV  REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name	1 1 12 1 1 5	1 1	Not Used  Not Used  Not Used  Used Not Used  Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250	P ID - 2310  NM1 PRV  REF  P ID - 2310  NM1 PRV  REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C C	1 1 12 1 1 5 1 5	1 1	Not Used  Not Used  Not Used  Used Not Used  Used  Used  Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 PRV REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification	1 1 12 1 1 5 1 5	1 1 1	Not Used  Not Used  Not Used  Used Not Used  Used  Used  Used  Used  Used  Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification	1 1 12 1 1 5 1 5	1 1	Not Used  Not Used  Not Used  Used Not Used  Used Used  Used Used Used Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification  E Service Facility Name	1 1 12 1 1 5 1 5	1 1 1	Not Used  Not Used  Not Used  Used Not Used  Used  Used Used Used Used  Used Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification  E Service Facility Name Service Facility Address	1 1 12 1 1 5 1 5 1 1 1 1	1 1 1	Not Used  Not Used  Used Not Used  Used Used Used Used Used Used Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification  E Service Facility Name Service Facility Address Service Facility City/State/Zip	1 1 12 1 1 5 1 5	1 1 1	Not Used  Not Used  Not Used  Used Not Used  Used  Used Used Used Used  Used Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification  E Service Facility Name Service Facility Address Service Facility City/State/Zip Code	1 1 1 12 1 1 5 1 5 1 1 1 1	1 1 1	Not Used  Not Used  Used Not Used Used Used Used Used Used Used Vosed Not Used Not Used Not Used Not Used		
241  LOO 242  243  LOO 250 255  271  LOO 250 271  LOO 250 271  LOO 250 271	P ID - 2310 NM1 PRV REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF P ID - 2310 NM1 REF	Claim Pricing/Repricing Information  Home Health Care Plan Information Health Care Services Delivery  A Attending Physician Name Attending Physician Specialty Information Attending Physician Secondary Identification  B Operating Physician Name Operating Physician Secondary Identification  C Other Provider Name Other Provider Secondary Identification  E Service Facility Name Service Facility Address Service Facility City/State/Zip	1 1 12 1 1 5 1 5 1 1 1 1	1 1 1	Not Used  Not Used  Used Not Used  Used Used Used Used Used Used Used		

1.00	P ID - 2320			10	
290	SBR	Other Subscriber Information	1	<u>10</u>	Used
295	CAS	Claim Level Adjustment	5		Used
300	AMT	Payer Prior Payment	1		Used
300	AMT	Coordination of Benefits (COB)	1		Used
		Total Allowed Amount			
300	AMT	Coordination of Benefits (COB)	1		Used
		Total Submitted Charges			
300	AMT	Diagnostic Related Group	1		Not Used
		(DRG) Outlier Amount			
300	AMT	Coordination of Benefits (COB)	1		Used
		Total Medicare Paid Amount			
300	AMT	Medicare Paid Amount - 100%	1		Not Used
300	AMT	Medicare Paid Amount - 80%	1		Not Used
300	AMT	Coordination of Benefits (COB)	1		Not Used
		Medicare A Trust Fund Paid			
		Amount			
300	AMT	Coordination of Benefits (COB)	1		Not Used
000	,	Medicare B Trust Fund Paid	•		1101 0000
		Amount			
300	AMT	Coordination of Benefits (COB)	1		Used
300	AIVI I	Total Non-covered Amount	ı		Useu
200	A N 4 T		4		Llood
300	AMT	Coordination of Benefits (COB)	1		Used
		Total Denied Amount	_		
305	DMG	Other Subscriber Demographic	1		Used
		Information			
310	OI	Other Insurance Coverage	1		Required
		Information			
315	MIA	Medicare Inpatient Adjudication	1		Used
		Information			
320	MOA	Medicare Outpatient	1		Used
		Adjudication Information			
LOO	P ID - 2330A			1	
325	NM1	Other Subscriber Name	1	<u> </u>	Required
332	N3	Other Subscriber Address	1		Used
340	N4	Other Subscriber City/State/ZIP	1		Used
340	114	Code	'		USCU
355	REF	Other Subscriber Secondary	3		Used
333	NEI	Information	3		Useu
LOO	P ID - 2330E			<u>1</u>	
325	NM1	Other Payer Name	1		Required
332	N3	Other Payer Address	1		Used
340	N4	Other Payer City/State/ZIP Code	1		Used
350	DTP	Claim Adjudication Date	1		Used
355	REF	Other Payer Secondary	2		Used
		Identification and Reference	_		
		Number			
355	REF	Other Payer Prior Authorization	1		Not Used
333	IXLI	or Referral Number	'		Not Osca
	P ID - 2330C			<u>1</u>	
325	NM1	Other Payer Patient Information	1		Used
355	REF	Other Payer Patient	3		Used
		Identification Number			
1.00	P ID - 2330D			1	
			4	1	Not Hood
325	NM1	Other Payer Attending Provider	1		Not Used
355	REF	Other Payer Attending Provider	3		Not Used
		Identification			
LOO	P ID - 2330E			1	
325	NM1	Other Payer Operating Provider	1	_	Not Used
355	REF	Other Payer Operating Provider	3		Not Used
300		Identification	J		1.57 5554
	DID ASSAC			4	
325	<u>P ID - 2330F</u> NM1	Other Payer Other Provider	1	<u>1</u>	Not Used

355	REF	Other Payer Other Provider Identification	3		Not Used
LOO	P ID - 2330	Н		1	
325	NM1	Other Payer Service Facility Provider	1	_	Not Used
355	REF	Other Payer Service Facility Provider Identification	3		Not Used
LOO	P ID - 2400			999	
365	LX	Service Line Number	1	<u> </u>	Required
375	SV2	Institutional Service Line	1		Required
420	PWK	Line Supplemental Information	5		Used
455	DTP	Service Line Date	1		Used
455	DTP	Assessment Date	1		Used
475	AMT	Service Tax Amount	1		Not Used
475	AMT	Facility Tax Amount	1		Not Used
492	HCP	Line Pricing/Repricing	1		Not Used
		Information			
LOO	P ID - 2410			25	
493	LIN	Drug Identification	1		Used
494	CTP	Drug Pricing	1		Used
495	REF	Prescription Number	1		Not Used
1.00	P ID - 2420	Δ		1	
500	NM1	Attending Physician Name	1	<u> -</u>	Not Used
525	REF	Attending Physician Secondary	1		Not Used
020	I NEI	Identification			1101 0000
1.00	D ID 2420				
	P ID - 2420		4	<u>1</u>	Nettleed
500 525	NM1 REF	Operating Physician Name	1 1		Not Used Not Used
525	KEF	Operating Physician Secondary Identification	ı		Not Used
	P ID - 2420			<u>1</u>	
500	NM1	Other Provider Name	1		Not Used
525	REF	Other Provider Secondary	1		Not Used
		Identification			
L00	P ID - 2430			<u>25</u>	
540	SVD	Service Line Adjudication	1		Used
		Information			
545	CAS	Service Line Adjustment	99		Used
550	DTP	Service Adjudication Date	1		Used
1.00	P ID - 2000	C		>1	
555	SE	Transaction Set Trailer	1	<u>- 1</u>	Not Used
555	OL	Transaction oct Trailer			NOT OSCU

#### **Not Defined:**

<u>Pos</u>	<u>ID</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

### **ISA**

## **Interchange Control Header**

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

#### **Nebraska Medicaid Directive:**

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "http://www.hhs.state.ne.us/med/edindex.htm".

FI	e	m	6	nf	 311	m	m	а	rv	•
_	•		G		 u			а	1 V	

Ref ISA01	<u>ID</u> 101	Element Name Authorization Information Qua	alifiar	Req M	<u>Type</u>	Min/Max 2/2	<u>Usage</u> Required		
ISAUI	10 1	<b>Description:</b> Code to identify the		IVI	טו	212	Required		
		in the Authorization Information	ic type of information						
		Code Name							
			n Information Present (I	No Mea	ninaful Info	ormation in I02)			
		03 Additional Data				,aa			
ISA02	102	Authorization Information		М	AN	10/10	Required		
		Description: Information used f	for additional	7 137.10					
		identification or authorization of	the interchange						
		sender or the data in the interch							
		information is set by the Authori	zation Information						
		Qualifier (I01)							
ISA03	103	Security Information Qualifier		М	ID	2/2	Required		
		<b>Description:</b> Code to identify the	e type of information						
		in the Security Information							
		Code Name	5						
			ormation Present (No M	eaningt	ul Informat	tion in 104)			
1000	10.4	01 Password		N 4	A N I	40/40	Deguined		
ISA04	104	Security Information	antificing the accurity	M	AN	10/10	Required		
		<b>Description:</b> This is used for idenformation about the interchange							
		in the interchange; the type of ir							
		the Security Information Qualifie							
ISA05	105	Interchange ID Qualifier	i (103)	М	ID	2/2	Required		
107 100	100	<b>Description:</b> Qualifier to design	ate the			<b>_</b> , <b>_</b>	rtoquirou		
		system/method of code structure							
		the sender or receiver ID eleme							
		Industry: This ID qualifies the S							
		<b>Nebraska Medicaid Directive:</b>	Use code identified						
		on Trading Partner Profile.							
		Code Name							
		01 Duns (Dun & B							
		14 Duns Plus Suffi							
		20 Health Industry							
			ation Number as assign						
			liary Identification Numb	er as a	ssignea by	Health Care Fir	iancing		
		Administration ( 29 Medicare Provi	` ,	iootion N	dumber ee	assisted by Us	alth Cara Financina		
			der and Supplier Identifi	ication i	number as	assigned by ne	aith Care Financing		
		Administration ( 30 U.S. Federal Ta	(חטרא) ax Identification Number	<u>-</u>					
			iation of Insurance Com		ners Comp	any Code (NAIC	)		
		ZZ Mutually Define		111133101	icia Comp	arry Code (NAIC	,		
ISA06	106	Interchange Sender ID	, u	М	AN	15/15	Required		
.0, .00		<b>Description:</b> Identification code	published by the	•••	,	10, 10	i toquii ou		
		sender for other parties to use a							

		route data to them; the sender always codes this value in the sender ID element  Nebraska Medicaid Directive: This value cannot be "MMISNEBR". Identified on Trading Partner Profile.				
ISA07	105	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Industry: This ID qualifies the Receiver in ISA08.  Nebraska Medicaid Directive: Use code "ZZ".	M	ID	2/2	Required
		CodeName01Duns (Dun & Bradstreet)14Duns Plus Suffix20Health Industry Number (HIN)				
		27 Carrier Identification Number as assigned Priscal Intermediary Identification Number Administration (HCFA)				
		29 Medicare Provider and Supplier Iden Administration (HCFA)		umber as	assigned by He	ealth Care Financing
		<ul><li>National Association of Insurance Co</li><li>Mutually Defined</li></ul>	mmissione			
ISA08	107	Interchange Receiver ID  Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	M	AN	15/15	Required
ISA09	108	Nebraska Medicaid Directive: Use "MMISNEBR". Interchange Date Description: Date of the interchange	M	DT	6/6	Required
ISA10	109	Industry: The date format is YYMMDD. Interchange Time Description: Time of the interchange	М	TM	4/4	Required
ISA11	I10	Industry: The time format is HHMM. Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer	M	ID	1/1	Required
ISA12	l11	All valid standard codes are used. Interchange Control Version Number Description: Code specifying the version number of the interchange control segments Nebraska Medicaid Directive: Use "00401".	M	ID	5/5	Required
		Code Name 00401 Draft Standards for Trial Use Approve Board through October 1997	ed for Pub	lication by	ASC X12 Proc	edures Review
ISA13	I12	Interchange Control Number  Description: A control number assigned by the interchange sender  Industry: The Interchange Control Number, ISA13, must be identical to the associated Interchange	M	N0	9/9	Required
ISA14	I13	Trailer IEA02.  Acknowledgment Requested  Description: Code sent by the sender to request an interchange acknowledgment (TA1)  Industry: See Section A.1.5.1 for interchange acknowledgment information.  All valid standard codes are used	M	ID	1/1	Required
ISA15	114	All valid standard codes are used.  Usage Indicator  Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information  Code Production Data	M	ID	1/1	Required
November 12	2003 - 004	010A1 - Version 1 02				Nehraska Medicaid

T Test Data

ISA16 I15 Component Element Separator M 1/1 Required

**Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment

terminator

## **GS** Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

#### **Nebraska Medicaid Directive:**

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "http://www.hhs.state.ne.us/med/edindex.htm".

<u>Ref</u> GS01	<u>ID</u> 479	<u>Élement Name</u> Functional Identifier Code	Req M	Type ID	Min/Max 2/2	<u>Usage</u> Required
9301	413	<b>Description:</b> Code identifying a group of application	IVI	טו	ZIZ	Required
		related transaction sets				
		Nebraska Medicaid Directive: Use "HC".				
		Code Name				
		BE Benefit Enrollment and Maintenance	(834)			
		FA Functional Acknowledgment (997)	( )			
		HB Eligibility, Coverage or Benefit Inform	ation (27	1)		
		HC Health Care Claim (837)	,	,		
		HI Health Care Services Review Informa	tion (278	3)		
		HN Health Care Claim Status Notification		•		
		HP Health Care Claim Payment/Advice (	335)			
		HR Health Care Claim Status Request (2	76)			
		HS Eligibility, Coverage or Benefit Inquiry	(270)			
		RA Payment Order/Remittance Advice (8	20)			
GS02	142	Application Sender's Code	M	AN	2/15	Required
		<b>Description:</b> Code identifying party sending				
		transmission; codes agreed to by trading partners				
		Industry: Use this code to identify the unit sending				
		the information.				
		Nebraska Medicaid Directive: This value cannot be				
0000	101	"MMISNEBR", identified on Trading Partner Profile.	N /	A N I	0/45	Daminad
GS03	124	Application Receiver's Code  Description: Code identifying party receiving	М	AN	2/15	Required
		transmission; codes agreed to by trading partners				
		Industry: Use this code to identify the unit receiving				
		the information.				
		Nebraska Medicaid Directive: Use "MMISNEBR".				
GS04	373	Date	М	DT	8/8	Required
		<b>Description:</b> Date expressed as CCYYMMDD				- 4-
		Industry: Use this date for the functional group				
		creation date.				
GS05	337	Time	M	TM	4/8	Required
		<b>Description:</b> Time expressed in 24-hour clock time				
		as follows: HHMM, or HHMMSS, or HHMMSSD, or				
		HHMMSSDD, where H = hours (00-23), M = minutes				
		(00-59), S = integer seconds (00-59) and DD =				
		decimal seconds; decimal seconds are expressed as				
		follows: D = tenths (0-9) and DD = hundredths (00-				
		99)				
		Industry: Use this time for the creation time. The				
0000	20	recommended format is HHMM.	N 4	NO	4/0	Damine -
GS06	28	Group Control Number	M	N0	1/9	Required
		<b>Description:</b> Assigned number originated and				
		maintained by the sender				

Health Care Claim: Institutional - 837

**GS07** 455 Responsible Agency Code Μ ID 1/2 Required Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 Code **Name** Accredited Standards Committee X12 Version / Release / Industry Identifier Code **GS08** 480 Μ ΑN 1/12 Required Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

Code Name

004010X096A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

## ST Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
ST01	<del>14</del> 3	Transaction Set Identifier Code	M	ID	3/3	Required
		Description: Code uniquely identifying a				·
		Transaction Set				
		Code Name				
		837 Health Care Claim				
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
		Description: Identifying control number that must be				
		unique within the transaction set functional group				
		assigned by the originator for a transaction set				

## BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Ref BHT01	<u>ID</u> 1005	Element Name Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set  Code Name	Req M	<u>Type</u> ID	<u>Min/Max</u> 4/4	<u>Usage</u> Required
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set Industry: BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.  ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.  REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.  Code  Name Original Reissue	endent M	ID	2/2	Required
ВНТ03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Originator Application Transaction Identifier	0	AN	1/30	Required
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: Transaction Set Creation Date	Ο	DT	8/8	Required
BHT05	337	Time  Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)  Industry: Transaction Set Creation Time	0	ТМ	4/8	Required
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction Industry: Claim or Encounter Identifier	0	ID	2/2	Required

Health Care Claim: Institutional - 837

Code	<u>Name</u>
CH	Chargeable
RP	Reporting

#### Transmission Type Identification Loop: N/A REF

Elements: 2

User Option (Usage): Required

To specify identifying information

Ref	ID	Element Name	Req	Type	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference				•
		Identification				
		Code Name				
		87 Functional Category				
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a				•
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Transmission Type Code				

## NM1 Submitter Name

Loop: 1000A

Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		41 Submitter				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity	_			
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational				
		name				
NM104	1036	Industry: Submitter Last or Organization Name Name First	0	AN	1/25	Situational
111111104	1030	Description: Individual first name	O	AIN	1/25	Situational
		Industry: Submitter First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
14101103	1007	<b>Description:</b> Individual middle name or initial	O	/\lambda	1/25	Oltuational
		Industry: Submitter Middle Name				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method	_			
		of code structure used for Identification Code (67)				
		Code Name				
		46 Electronic Transmitter Identification N	lumber (E	ETIN)		
NM109	67	Identification Code	C `	ÁN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				·
		Industry: Submitter Identifier				
		Nebraska Medicaid Directive: Use the 4-digit NE				
		Medicaid assigned submitter ID.				

## PER Submitter EDI Contact Information

Loop: 1000A

Elements: 8

User Option (Usage): Required

To identify a person or office to whom administrative communications should be directed

## Element Summary: Ref ID Element Name

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PER01	366	Contact Function Code  Recognition: Code identifying the major duty or	M	ID	2/2	Required
		<b>Description:</b> Code identifying the major duty or responsibility of the person or group named				
		Code Name				
		IC Information Contact				
PER02	93	Name	0	AN	1/60	Required
		Description: Free-form name	•			
		Industry: Submitter Contact Name				
PER03	365	Communication Number Qualifier	С	ID	2/2	Required
		<b>Description:</b> Code identifying the type of				·
		communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		<u>Code</u> <u>Name</u>				
		ED Electronic Data Interchange Access	Number			
		EM Electronic Mail				
		FX Facsimile				
DED04	204	TE Telephone	0	A N I	4/00	Dagwinad
PER04	364	Communication Number	С	AN	1/80	Required
		<b>Description:</b> Complete communications number including country or area code when applicable				
PER05	365	Communication Number Qualifier	С	ID	2/2	Situational
I LIXUS	303	<b>Description:</b> Code identifying the type of	C	טו	212	Situational
		communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		Code Name				
		ED Electronic Data Interchange Access	Number			
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone	_			
PER06	364	Communication Number	С	AN	1/80	Situational
		<b>Description:</b> Complete communications number				
DEDOZ	205	including country or area code when applicable	0	ID	0/0	Cityatianal
PER07	365	Communication Number Qualifier	С	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		Code Name				
		ED Electronic Data Interchange Access	Number			
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	С	AN	1/80	Situational
		<b>Description:</b> Complete communications number				
		including country or area code when applicable				

## NM1 Receiver Name

Loop: 1000B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		40 Receiver				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		Code Name				
NIN 4400	4005	2 Non-Person Entity	0		4/05	D
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational				
		name				
		Industry: Receiver Name Nebraska Medicaid Directive: Use "State of				
		Nebraska".				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method	•			. 10 quii 0 u
		of code structure used for Identification Code (67)				
		Industry: Information Receiver Identification Number				
		Code Name				
		46 Electronic Transmitter Identification N	umber (E	ETIN)		
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Receiver Primary Identifier				
		Nebraska Medicaid Directive: Use "NEMEDICAID".				

## HL Billing/Pay-To Provider Hierarchical Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

t Oalliii	iai y i				
<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
628	Hierarchical ID Number	М	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a				
	hierarchical structure				
735	Hierarchical Level Code	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a				·
	level in a hierarchical structure				
	Code Name				
	20 Information Source				
736	Hierarchical Child Code	0	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical				· ·
	child data segments subordinate to the level being described				
	Code Name				
		ent in Th	his Hierard	hical Structure.	
	<u>ID</u> 628 735	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure  Code Name 100 Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described Code Name	D   Element Name   Neg   Hierarchical ID Number   Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure   Hierarchical Level Code   M   Description: Code defining the characteristic of a level in a hierarchical structure   Code   Name   Information Source   Nierarchical Child Code   O   Description: Code indicating if there are hierarchical child data segments subordinate to the level being described   Code   Name   Name   Name   Code   Name   Name	D   Element Name   No.   Type	ID   Element Name   Req   Type   Min/Max

## NM1 Billing Provider Name

Loop: 2010AA

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

### Element Summary:

Ref	<u>ID</u> 98	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		85 Billing Provider				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		2 Non-Person Entity	_			
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational name				
		Industry: Billing Provider Last or Organizational				
NIN 4400	00	Name		ın	4.0	D
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)  Nebraska Medicaid Directive: Code "XX" not				
		allowed by NE Medicaid.				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administration		Provider		
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Billing Provider Identifier				
		ExternalCodeList				
		Name: 537				

Description: Health Care Financing Administration National Provider Identifier

## N3 Billing Provider Address

Loop: 2010AA

Elements: 2

User Option (Usage): Required

To specify the location of the named party

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		<b>Description:</b> Address information				
		Industry: Billing Provider Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		<b>Description:</b> Address information				
		Industry: Billing Provider Address Line				

#### Billing Provider City/State/ZIP **N4** Code

Loop: 2010AA

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

<u>Ref</u>	<u>ID</u> 19	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	ÁΝ	2/30	Required
		<b>Description:</b> Free-form text for city name				
		Industry: Billing Provider City Name				
N402	156	State or Province Code	0	ID	2/2	Required
		<b>Description:</b> Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Billing Provider State or Province Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		<b>Description:</b> States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Required
		<b>Description:</b> Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Billing Provider Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
		<b>Description:</b> Code identifying the country				
		<u>ExternalCodeList</u>				
		Name: 5				
		<b>Description:</b> Countries, Currencies and Funds				

## **REF** Billing Provider Secondary Identification

Loop: 2010AA

Elements: 2

User Option (Usage): Situational

To specify identifying information

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid.

Element	Sumi	marv:
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=iement	Summa	ary:					
Ref	ID	Element Nam	ne	Req	<b>Type</b>	Min/Max	Usage
REF01	<u>ID</u> 128	Reference Id	 entification Qualifier	M	ĪD	2/3	Required
		Description:	Code qualifying the Reference				
		Identification					
		Nebraska Me	dicaid Directive: Code "1C" and the				
		Medicare prov	vider ID number is allowed for claims				
		submitted by	Medicare only. Use code "1D" and the				
		11-digit NE M	edicaid assigned provider number for				
		all other claim	S.				
		Code	<u>Name</u>				
		0B	State License Number				
		1A	Blue Cross Provider Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		1J	Facility ID Number				
		B3	Preferred Provider Organization Num				
		BQ	Health Maintenance Organization Co	de Number			
		EI	Employer's Identification Number				
		FH	Clinic Number				
		G2	Provider Commercial Number				
		G5	Provider Site Number				
		LU	Location Number				
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nur				
REF02	127	Reference Id		С	AN	1/30	Required
			Reference information as defined for a				
			nsaction Set or as specified by the				
			entification Qualifier				
		Industry: Billi	ing Provider Additional Identifier				

## PER Billing Provider Contact Information

Loop: 2010AA

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Elemen	t	Su	m	m	ar۱	<b>/</b> :
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⊏iement	Summ					
Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
PER01	366	Contact Function Code	M	- ID	2/2	Required
		<b>Description:</b> Code identifying the major duty or				- 4-
		responsibility of the person or group named				
		Code Name				
		IC Information Contact				
PER02	93		0	AN	1/60	Doguirod
PERU2	93	Name	U	AIN	1/60	Required
		Description: Free-form name				
		Industry: Billing Provider Contact Name	_		0.40	
PER03	365	Communication Number Qualifier	С	ID	2/2	Required
		<b>Description:</b> Code identifying the type of				
		communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		<u>Code</u> <u>Name</u>				
		EM Electronic Mail				
		FX Facsimile				
		TE Telephone				
PER04	364	Communication Number	С	AN	1/80	Required
		<b>Description:</b> Complete communications number				'
		including country or area code when applicable				
PER05	365	Communication Number Qualifier	С	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of	•		<b>-</b> /-	0.1000.101
		communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		•				
		<u>Code</u> <u>Name</u> EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone	_			<b></b>
PER06	364	Communication Number	С	AN	1/80	Situational
		<b>Description:</b> Complete communications number				
		including country or area code when applicable				
PER07	365	Communication Number Qualifier	С	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of				
		communication number				
		Nebraska Medicaid Directive: Code "EM" not used				
		by NE Medicaid.				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	С	AN	1/80	Situational
	001	<b>Description:</b> Complete communications number	•	, •	., 50	Citadional
		including country or area code when applicable				
		including country of area code when applicable				

## **HL** Subscriber Hierarchical Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Ref	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		<b>Description:</b> A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure	_			
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		<b>Description:</b> Identification number of the next higher				
		hierarchical data segment that the data segment				
	=0=	being described is subordinate to		15	4.0	5
HL03	735	Hierarchical Level Code	М	ID	1/2	Required
		<b>Description:</b> Code defining the characteristic of a				
		level in a hierarchical structure				
		Code Name				
111.04	700	22 Subscriber	0	ın	4.14	Descripted
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		<b>Description:</b> Code indicating if there are hierarchical				
		child data segments subordinate to the level being described				
		All valid standard codes are used.				
		All valid Statistical decoded are used.				

## **SBR** Subscriber Information

Loop: 2000B

Elements: 5

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

<u>Ref</u> SBR01	<u>ID</u> 1138	Element Name Payer Responsibility Sequence Number Code	Req M	Type ID	Min/Max 1/1	<u>Usage</u> Required
		<b>Description:</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim				
		Code Name				
		P Primary				
		S Secondary				
		T Tertiary				
SBR02	1069	Individual Relationship Code	0	ID	2/2	Situational
		<b>Description:</b> Code indicating the relationship				
		between two individuals or entities				
		<u>Code</u> <u>Name</u> 18 Self				
SBR03	127	Reference Identification	0	AN	1/30	Situational
OBITOO	127	<b>Description:</b> Reference information as defined for a	Ü	7 (1 4	1700	Citadioria
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Insured Group or Policy Number				
SBR04	93	Name	Ο	AN	1/60	Situational
		Description: Free-form name				
00000	4000	Industry: Insured Group Name	0	ID.	4.0	0.1
SBR09	1032	Claim Filing Indicator Code	0	ID	1/2	Situational
		Description: Code identifying type of claim  Nebraska Medicaid Directive: Use code "MC" for				
		all claims submitted to NE Medicaid. No other value				
		is allowed.				
		Code Name				
		MC Medicaid				

## NM1 Subscriber Name

Loop: 2010BA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

#### **Nebraska Medicaid Directive:**

If the patient is an "eligible mother" (eligible under the unborn baby's number), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name IL Insured or Subscriber				
NM102	1065	IL Insured or Subscriber Entity Type Qualifier	М	ID	1/1	Required
INIVITOZ	1003	<b>Description:</b> Code qualifying the type of entity	IVI	טו	17 1	Required
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		Description: Individual last name or organizational				·
		name				
		Industry: Subscriber Last Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
NIN 4405	4007	Industry: Subscriber First Name	0	A	4/05	0:1 - 1: 1
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
NM107	1039	Industry: Subscriber Middle Name Name Suffix	0	AN	1/10	Situational
INIVITO7	1009	<b>Description:</b> Suffix to individual name	O	AIN	1710	Situational
		Industry: Subscriber Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Situational
		<b>Description:</b> Code designating the system/method	•			0.1.00.1.0.1.0.1
		of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: Code "MI" and the				
		HIC number can be used on claims submitted by				
		Medicare only. Use code "MI" and the 11-digit NE				
		Medicaid assigned Recipient ID number for all other				
		claims.				
		Code Name				
		MI Member Identification Number				
NM109	67	ZZ Mutually Defined Identification Code	С	AN	2/80	Situational
MINITOS	07	<b>Description:</b> Code identifying a party or other code	C	AIN	2/00	Situational
		Industry: Subscriber Primary Identifier				
		madaty. Subscriber i filliary lacitation				

## N3 Subscriber Address

Loop: 2010BA

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		<b>Description:</b> Address information				
		Industry: Subscriber Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		<b>Description:</b> Address information				
		Industry: Subscriber Address Line				

## N4 Subscriber City/State/ZIP Code

Loop: 2010BA

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid.

	Couring	iai y .				
Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Required
		<b>Description:</b> Free-form text for city name				
		Industry: Subscriber City Name				
N402	156	State or Province Code	0	ID	2/2	Required
		<b>Description:</b> Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Subscriber State Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		<b>Description:</b> States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Required
		<b>Description:</b> Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Subscriber Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
		<b>Description:</b> Code identifying the country				
		<u>ExternalCodeList</u>				
		Name: 5				
		<b>Description:</b> Countries, Currencies and Funds				

### **DMG**

## **Subscriber Demographic Information**

Loop: 2010BA

Elements: 3

User Option (Usage): Situational

To supply demographic information

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid. Note: If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's date of birth (DMG02) and sex (DMG03).

	Gaiiiii	ary.				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	С	ĪD	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMD	D			
DMG02	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Subscriber Birth Date				
DMG03	1068	Gender Code	0	ID	1/1	Required
		<b>Description:</b> Code indicating the sex of the				
		individual				
		Industry: Subscriber Gender Code				
		Code Name				
		F Female				
		M Male				
		U Unknown				

## NM1 Payer Name

Loop: 2010BC

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

<b>Element</b>	<b>Summary:</b>
----------------	-----------------

Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u> PR Payer				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				·
		<u>Code</u> <u>Name</u>				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational				
		name				
	00	Industry: Payer Name	•	ı.	4.10	
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)  Nebraska Medicaid Directive: Use code "PI".				
		Code Name				
		PI Payor Identification				
		XV Health Care Financing Administration	National	Paver Ide	ntification Numb	er (PAYFRID)
		Nebraska Medicaid Directive:				o. ( <u>_</u> )
		540: Health Care Financing Administr	ration Na	tional Plan	ID	
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				·
		Industry: Payer Identifier				
		Nebraska Medicaid Directive: Use "NEMEDICAID".				
		ExternalCodeList				
		Name: 540				
		<b>Description:</b> Health Care Financing Administration Na	ational Pl	an ID		

## **CLM** Claim information

Loop: 2300

Elements: 9

User Option (Usage): Required

To specify basic data about the claim

<b>Element</b>	Summary:
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
CLM01	<u>10</u> 28	Claim Submitter's Identifier	M	AN	1/38	Required
	1020	<b>Description:</b> Identifier used to track a claim from		7 11 4	1700	rrequired
		creation by the health care provider through payment				
		Industry: Patient Account Number				
CLM02	782	Monetary Amount	0	R	1/18	Required
	102	Description: Monetary amount	Ü	11	1710	rtoquirou
		Industry: Total Claim Charge Amount				
		Nebraska Medicaid Directive: Must equal sum of				
		all service lines submitted.				
CLM05	C023	Health Care Service Location Information	0	Comp		Required
OZ.IIIOO	0020	<b>Description:</b> To provide information that identifies	Ū	Comp		r toquir ou
		the place of service or the type of bill related to the				
		location at which a health care service was rendered				
	1331	Facility Code Value	M	AN	1/2	Required
	1001	<b>Description:</b> Code identifying the type of facility	IVI	AN	1/2	rtequired
		where services were performed; the first and second				
		positions of the Uniform Bill Type code or the Place				
		of Service code from the Electronic Media Claims				
		National Standard Format				
		Industry: Facility Type Code				
		ExternalCodeList				
		Name: 236				
		<b>Description:</b> Uniform Billing Claim Form Bill Type				
	1332	Facility Code Qualifier	0	ID	1/2	Required
		<b>Description:</b> Code identifying the type of facility	Ü	i.D	.,_	. toquii ou
		referenced				
		Code Name				
		A Uniform Billing Claim Form Bill Type				
	1325	Claim Frequency Type Code	0	ID	1/1	Required
	.020	<b>Description:</b> Code specifying the frequency of the	Ū			
		claim; this is the third position of the Uniform Billing				
		Claim Form Bill Type				
		Industry: Claim Frequency Code				
		Nebraska Medicaid Directive: Do not use codes 9 -				
		Z.				
		<b>ExternalCodeList</b>				
		Name: 235				
		Description: Claim Frequency Type Code				
CLM06	1073	Yes/No Condition or Response Code	0	ID	1/1	Required
		<b>Description:</b> Code indicating a Yes or No condition				•
		or response				
		Industry: Provider or Supplier Signature Indicator				
		Code Name				
		N No				
		Y Yes				
CLM07	1359	Provider Accept Assignment Code	0	ID	1/1	Situational
		Description: Code indicating whether the provider				
		accepts assignment				
		Industry: Medicare Assignment Code				
		Code Name				
		A Assigned				
Navanahan 10	2002 00	404044 Varaian 4.00				Nieleneelse Meel

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		С	Not Assigned							
CLM08	1073	Yes/No Cond	ition or Response Code	0	ID	1/1	Required			
		Description: Code indicating a Yes or No condition								
		or response								
		Industry: Benefits Assignment Certification Indicator								
		Code	Name							
		N	No							
		Υ	Yes							
CLM09	1363	Release of In	formation Code	0	ID	1/1	Required			
		<b>Description:</b> Code indicating whether the provider								
		has on file a signed statement by the patient								
		authorizing the release of medical data to other								
		organizations								
		Code	Name							
		A	Appropriate Release of Information or	File at H	ealth Care	Service Provi	der or at Utilization			
			Review Organization							
		1	Informed Consent to Release Medical	Informati	on for Cond	ditions or Diac	noses Regulated by			
			Federal Statutes				,,			
		М	The Provider has Limited or Restricted	d Ability to	Release D	Data Related t	o a Claim			
		N	No, Provider is Not Allowed to Releas							
		0	On file at Payor or at Plan Sponsor							
		Y	Yes, Provider has a Signed Statemen	t Permittir	ng Release	of Medical Bi	lling Data Related to			
			a Claim		9		3			
CLM18	1073	Yes/No Cond	ition or Response Code	0	ID	1/1	Required			
			Code indicating a Yes or No condition				•			
		or response	ŭ							
		Industry: Explanation of Benefits Indicator								
		Code	Name							
		N	No							
		Υ	Yes							
CLM20	1514	<b>Delay Reasor</b>	n Code	0	ID	1/2	Situational			
		Description: Code indicating the reason why a								
		request was delayed								
		Code	<u>Name</u>							
		1 Proof of Eligibility Unknown or Unavailable								
		2 Litigation								
		3 Authorization Delays								
		4 Delay in Certifying Provider								
		5 Delay in Supplying Billing Forms								
		6 Delay in Delivery of Custom-made Appliances								
		7 Third Party Processing Delay								
		8 Delay in Eligibility Determination								
		9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules								
		10 Administration Delay in the Prior Approval Process								
		10	Auministration Delay in the Phot Appr	ovai Proc	ess					
		11	Other	ovai Proc	ess					

## **DTP** Discharge Hour

Loop: 2300

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide, and on outpatient claims for emergency room, labor room, surgery and observation.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		<b>Description:</b> Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		096 Discharge				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		TM Time Expressed in Format HHMM				
DTP03	1251	Date Time Period	M	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				•
		of dates, times or dates and times				
		Industry: Discharge Hour				
		Nebraska Medicaid Directive: The valid values are				
		0000-2359 only.				
		· · · · · · · · · · · · · · · · · · ·				

## **DTP** Statement Dates

Loop: 2300

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Ref	<u>ID</u>	<u>Element Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		<b>Description:</b> Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		434 Statement				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		Date Expressed in Format CCYYMMD	DD			
		RD8 Range of Dates Expressed in Format	CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	M	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Statement From or To Date				

## **DTP** Admission Date/Hour

Loop: 2300

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide, and on all home health claims, and on all outpatient claims for physical therapy, speech therapy and occupational therapy.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ĪD	3/3	Required
		<b>Description:</b> Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		435 Admission				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		DT Date and Time Expressed in Format C				
DTP03	1251	Date Time Period	М	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Admission Date and Hour				
		Nebraska Medicaid Directive: The valid values are				
		0000-2359 only.				
		0000 2000 Only.				

## CL1 Institutional Claim Code

Loop: 2300

Elements: 3

User Option (Usage): Situational

To supply information specific to hospital claims

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide. Note: An interim claim frequency type code (2 or 3) requires a patient status code 30.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
CL101	1315	Admission Type Code	0	ĪD	1/1	Situational
		<b>Description:</b> Code indicating the priority of this				
		admission				
		<u>ExternalCodeList</u>				
		Name: 231				
		Description: Admission Type Code				
CL102	1314	Admission Source Code	0	ID	1/1	Situational
		<b>Description:</b> Code indicating the source of this				
		admission				
		<u>ExternalCodeList</u>				
		Name: 230				
		Description: Admission Source Code				
CL103	1352	Patient Status Code	0	ID	1/2	Situational
		<b>Description:</b> Code indicating patient status as of the				
		"statement covers through date"				
		<u>ExternalCodeList</u>				
		Name: 239				
		Description: Patient Status Code				

### **PWK**

## Claim Supplemental Information

Loop: 2300

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

### **Nebraska Medicaid Directive:**

Required when a paper attachment is required by NE Medicaid. Line level PWK segment may also be used; however, line level PWK alone is not sufficient.

<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required
		<b>Description:</b> Code indicating the title or contents of				
		a document, report or supporting item				
		Industry: Attachment Report Type Code				
		<u>Code</u> <u>Name</u>				
		AS Admission Summary				
		B2 Prescription				
		B3 Physician Order				
		B4 Referral Form				
		CT Certification				
		DA Dental Models				
		DG Diagnostic Report				
		DS Discharge Summary				
		EB Explanation of Benefits (Coordination	n of Benef	its or Med	icare Secondary	/ Payor)
		MT Models `			•	,
		NN Nursing Notes				
		OB Operative Note				
		OZ Support Data for Claim				
		PN Physical Therapy Notes				
		PO Prosthetics or Orthotic Certification				
		PZ Physical Therapy Certification				
		RB Radiology Films				
		RR Radiology Reports				
		RT Report of Tests and Analysis Report				
PWK02	756	Report Transmission Code	0	ID	1/2	Required
		<b>Description:</b> Code defining timing, transmission				
		method or format by which reports are to be sent				
		Industry: Attachment Transmission Code				
		Nebraska Medicaid Directive: Use codes "BM" or				
		"FX" only.				
		Code Name				
		AA Available on Request at Provider Site	<u>م</u>			
		BM By Mail	•			
		EL Electronically Only				
		EM E-Mail				
		FX By Fax				
PWK05	66	Identification Code Qualifier	С	ID	1/2	Situational
1 771100	00	<b>Description:</b> Code designating the system/method	Ŭ	10	1/2	Olladional
		of code structure used for Identification Code (67)				
		Code Name				
		AC Attachment Control Number				
PWK06	67	Identification Code	С	AN	2/80	Situational
1 441/00	01	<b>Description:</b> Code identifying a party or other code	J	AIN	2/00	Gituational
		Industry: Attachment Control Number				
		Nebraska Medicaid Directive: Required if PWK02 =	_			
		Hobiaska medicala bilective. Negulieu ii FWN02 -				
November 12	2003 (	004010A1 Version 1.02				Nobrooka Madi

		"BM" or "FX". This number must be unique for each claim.				
PWK07	352	Description	0	AN	1/80	Not recommended
		<b>Description:</b> A free-form description to clarify the				
		related data elements and their content				
		Industry: Attachment Description				

## **AMT** Payer Estimated Amount Due

Loop: 2300

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		C5 Claim Amount Due - Estimated				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Estimated Claim Due Amount				

## **AMT** Patient Estimated Amount Due

Loop: 2300

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				•
		Code Name				
		F3 Patient Responsibility - Estimated				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Patient Responsibility Amount				

### **AMT** Patient Paid Amount

Loop: 2300

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

### **Nebraska Medicaid Directive:**

Required if the patient has paid any amount toward the claim. Exception: Do not use to report NE Medicaid copay.

<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	М	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		F5 Patient Amount Paid				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Patient Amount Paid				

## REF Original Reference Number (ICN/DCN)

Loop: 2300

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid for Frequency Type Codes (CLM05-3) 7, 8, and 9-Y when the claim was not submitted by Medicare.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference				•
		Identification				
		Code Name				
		F8 Original Reference Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Claim Original Reference Number				
		Nebraska Medicaid Directive: Use NE Medicaid				
		assigned claim number.				

## REF Peer Review Organization (PRO) Approval Number

Loop: 2300

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference				·
		Identification				
		Code Name				
		G4 Peer Review Organization (PRO) App	oroval Nu	ımber		
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a				•
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Peer Review Authorization Number				

## **REF** Prior Authorization or Referral Number

Loop: 2300

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	М	ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference Identification				
		Nebraska Medicaid Directive: Use code "G1" only.				
		Code Name				
		9F Referral Number				
		G1 Prior Authorization Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Prior Authorization Number				

## **REF** Medical Record Number

Loop: 2300

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>Ref</u>	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01 128		Reference Identification Qualifier		ID	2/3	Required
		Description: Code qualifying the Reference				
		Identification				
		Code Name				
		EA Medical Record Identification Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a				·
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Medical Record Number				
		-				

## NTE Claim Note

Loop: 2300

Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

### **Nebraska Medicaid Directive:**

Use when additional information is required by NE Medicaid to substantiate the services.

Ref	<u>ID</u>	Element Nam	е	Req	<u>Type</u>	Min/Max	Usage
NTE01	363	Note Referen	_ ce Code	0	ÎD	3/3	Required
		Description: (	Code identifying the functional area or				•
		purpose for wh	nich the note applies				
		<u>Code</u>	<u>Name</u>				
		ALG	Allergies				
		DCP	Goals, Rehabilitation Potential, or Dis	charge P	lans		
		DGN	Diagnosis Description				
		DME	Durable Medical Equipment (DME) ar	nd Suppli	es		
		MED	Medications				
		NTR	Nutritional Requirements				
		ODT	Orders for Disciplines and Treatments				
		RHB	Functional Limitations, Reason Home	bound, o	r Both		
		RLH	Reasons Patient Leaves Home				
		RNH	Times and Reasons Patient Not at Ho				
		SET	Unusual Home, Social Environment, of	or Both			
		SFM	Safety Measures				
		SPT	Supplementary Plan of Treatment				
		UPI	Updated Information				
NTE02	352	Description		M	AN	1/80	Required
		-	A free-form description to clarify the				
			ements and their content				
		Industry: Clair	m Note Text				

## NTE Billing Note

Loop: 2300

Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NTE01	363	Note Reference Code	0	ĪD	3/3	Required
		<b>Description:</b> Code identifying the functional area or				
		purpose for which the note applies				
		Code Name				
		ADD Additional Information				
NTE02	352	Description	M	AN	1/80	Required
		<b>Description:</b> A free-form description to clarify the				·
		related data elements and their content				
		Industry: Billing Note Text				

# HI Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information

Loop: 2300

Elements: 3

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide and principle diagnosis required on nursing facility and home health claims.

FI	len	nei	nt	Sı	ım	m	arv:
_				UL	4		aıv.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	M	Comp		Required
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BK Principal Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		<u>ExternalCodeList</u>				
		Name: 131				
		<b>Description:</b> International Classification of Diseases (	Clinical M	lod (ICD-9-	CM) Procedure	
HI02	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BJ Admitting Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		<u>ExternalCodeList</u>				
		Name: 131				
		<b>Description:</b> International Classification of Diseases C		•	CM) Procedure	
HI03	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name			0.00	
	4074	BN United States Department of Health a				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		ExternalCodeList				
		Name: 131	Plinical N	lod (ICD o	CM) Procedure	
		<b>Description:</b> International Classification of Diseases C	JiiiliCal IV	iou (ICD-9-	Civi) Procedure	

## HI Other Diagnosis Information

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	<b>/</b> :
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Element	Summ	ary:				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	M	Comp		Required
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Other Diagnosis				
		<u>ExternalCodeList</u>				
		Name: 131				
		<b>Description:</b> International Classification of Diseases			-CM) Procedure	
HI02	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name				
	4074	BF Diagnosis			4/00	D
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList Name: 131				
			Clinical N	And (ICD 0	CM) Dragadura	
HI03	C022	Description: International Classification of Diseases Health Care Code Information	O O		-Civi) Procedure	Situational
піоз	C022	<b>Description:</b> To send health care codes and their	U	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
	1270	<b>Description:</b> Code identifying a specific industry	IVI	ID	1/3	Required
		code list				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
	1271	<b>Description:</b> Code indicating a code from a specific	141	7 11 4	1700	rtequired
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList				
		Name: 131				
		<b>Description:</b> International Classification of Diseases	Clinical N	/lod (ICD-9	-CM) Procedure	
HI04	C022	Health Care Code Information	0	Comp	.,	Situational
	0.0000		-	i,		
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		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	М	ID	1/3	Required
		code list  Code BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				•
		Industry: Other Diagnosis				
		ExternalCodeList				
		Name: 131				
HI05	C022	<b>Description:</b> International Classification of Diseases <b>Health Care Code Information</b>	Clinical M	od (ICD-9- Comp	CM) Procedure	Situational
11103	C022	<b>Description:</b> To send health care codes and their	O	Comp		Situational
	1270	associated dates, amounts and quantities Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				1.
		code list				
		Code Name BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		Industry: Other Diagnosis				
		<u>ExternalCodeList</u>				
		Name: 131	01: -1: -1.14	1 (100 0	OM) B	
HI06	C022	<b>Description:</b> International Classification of Diseases <b>Health Care Code Information</b>	Olinical IVI	oa (ICD-9- Comp	CM) Procedure	Situational
11100	0022	<b>Description:</b> To send health care codes and their	Ū	Comp		Citadional
	4070	associated dates, amounts and quantities		ID	4.10	D
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	М	ID	1/3	Required
		code list				
		Code Name				
	1271	BF Diagnosis Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific	•••			. toquou
		industry code list				
		Industry: Other Diagnosis ExternalCodeList				
		Name: 131				
11107	0000	<b>Description:</b> International Classification of Diseases	_		CM) Procedure	Cityotianal
HI07	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		Code Name				
	4074	BF Diagnosis		A N I	4/00	Demined
	1271	Industry Code  Description: Code indicating a code from a specific	М	AN	1/30	Required
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList Name: 131				
		<b>Description:</b> International Classification of Diseases	Clinical M	od (ICD-9-	CM) Procedure	
HI08	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list Code Name				
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		BF Diagnosis				
	1271	BF Diagnosis Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specif		7•	1700	r toquil ou
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList				
		Name: 131	aa Cliniaal N	1ad (ICD 0	CM) Dragadura	
HI09	C022	Description: International Classification of Diseas Health Care Code Information	es Clinical IV O	Comp	-Civi) Procedure	Situational
11109	C022	<b>Description:</b> To send health care codes and their	_	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u> BF Diagnosis				
	1271	BF Diagnosis Industry Code	М	AN	1/30	Required
	1211	<b>Description:</b> Code indicating a code from a specif		AIN	1750	required
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList				
		Name: 131	aa Cliniaal N	1 a d (10 D 0	CM) Dragadura	
HI10	C022	Description: International Classification of Diseas Health Care Code Information	es Clinical IV O	Comp	-Civi) Procedure	Situational
11110	0022	<b>Description:</b> To send health care codes and their		Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u> BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specif				. 10 9 0 11
		industry code list				
		Industry: Other Diagnosis				
		ExternalCodeList				
		Name: 131  Description: International Classification of Diseas	es Clinical M	Ind (ICD-0	-CM) Procedure	
HI11	C022	Health Care Code Information	0	Comp	OW) I Toccaure	Situational
		<b>Description:</b> To send health care codes and their	_			
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list <u>Code</u> <u>Name</u>				
		BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specif	fic			
		industry code list				
		Industry: Other Diagnosis ExternalCodeList				
		Name: 131				
		<b>Description:</b> International Classification of Diseas	es Clinical M	od (ICD-9	-CM) Procedure	
HI12	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities	N.4	ID	1/2	Doguirod
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	М	ID	1/3	Required
		code list				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specified vetter code list	TIC			
		industry code list Industry: Other Diagnosis				
		ExternalCodeList				
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Name: 131

**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

## HI Principal Procedure Information

Loop: 2300

Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

of dates, times or dates and times

	t Guillill	ary.									
Ref	<u>ID</u>	Element Na	<u>ame</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>				
HI01	C022	Health Car	e Code Information	М	Comp		Required				
		Description	n: To send health care codes and their		•		•				
		associated	dates, amounts and quantities								
	1270		Qualifier Code	M	ID	1/3	Required				
		<b>Description:</b> Code identifying a specific industry									
		code list									
		Nebraska Medicaid Directive: Use code "BR" only.									
		Code	Name								
		BP	BP Health Care Financing Administration Common Procedural Coding System Principal								
			Procedure			,	·				
		BR	International Classification of Disease	es Clinica	I Modificat	ion (ICD-9-CM)	Principal Procedure				
	1271	Industry Co		M	AN	1/30	Required				
		Description	n: Code indicating a code from a specific								
		industry cod	de list								
		Industry: F	Principal Procedure Code. Use ICD-9								
		codes only.	codes only.								
		<u>ExternalCodeList</u>									
		Name: 130									
		Description: Health Care Financing Administration Common Procedural Coding System									
		<b>ExternalCo</b>	<u>deList</u>								
		Name: 131									
		Description	<ol> <li>International Classification of Diseases</li> </ol>	Clinical M	lod (ICD-9	-CM) Procedure					
	1250	Date Time	Period Format Qualifier	С	ID	2/3	Situational				
		Description	1: Code indicating the date format, time								
		,	ate and time format								
		<u>Code</u>	<u>Name</u>								
		D8	Date Expressed in Format CCYYMM	DD							
	1251	Date Time		С	AN	1/35	Situational				
		Description	<b>1:</b> Expression of a date, a time, or range								

## HI Other Procedure Information

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>					
HI01	C022	Health Care Code Information	M	Comp		Required					
		<b>Description:</b> To send health care codes and their									
		associated dates, amounts and quantities									
	1270	Code List Qualifier Code	M	ID	1/3	Required					
		<b>Description:</b> Code identifying a specific industry									
		code list									
		Nebraska Medicaid Directive: Use code "BQ" only.									
		Code Name  RO Health Care Financing Administration Common Procedural Coding System									
		BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure									
	1271		S Cillica M	AN	1/30						
	1271	Industry Code Description: Code indicating a code from a specific	IVI	AIN	1/30	Required					
		industry code list									
		Industry: Procedure Code									
		ExternalCodeList									
		Name: 130									
		<b>Description:</b> Health Care Financing Administration Co	ommon F	Procedural	Coding System						
		<u>ExternalCodeList</u>			0 ,						
		Name: 131									
		<b>Description:</b> International Classification of Diseases C	Clinical M	lod (ICD-9-	-CM) Procedure						
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational					
		<b>Description:</b> Code indicating the date format, time									
		format, or date and time format									
		Code Name									
	4054	D8 Date Expressed in Format CCYYMMD		4.1.1	4/05	0.1					
	1251	Date Time Period	С	AN	1/35	Situational					
		<b>Description:</b> Expression of a date, a time, or range									
		of dates, times or dates and times Industry: Procedure Date									
HI02	C022	Health Care Code Information	0	Comp		Situational					
11102	0022	<b>Description:</b> To send health care codes and their	O	Comp		Situational					
		associated dates, amounts and quantities									
	1270	Code List Qualifier Code	М	ID	1/3	Required					
		<b>Description:</b> Code identifying a specific industry									
		code list									
		Nebraska Medicaid Directive: Use code "BQ" only.									
		Code Name									
		BO Health Care Financing Administration									
		BQ International Classification of Diseases			, ,						
	1271	Industry Code	M	AN	1/30	Required					
		<b>Description:</b> Code indicating a code from a specific									
		industry code list									
		Industry: Procedure Code									
		ExternalCodeList Name: 130									
		<b>Description:</b> Health Care Financing Administration Co	mmon E	Procedural	Coding System						
		Description. Health Gare Financing Administration Co	א ווטוווות	ioc <del>c</del> duidi	County System						

		ExternalCodeLis	<u>st</u>					
		Name: 131	_					
	4050		ernational Classification o	f Diseases Cli				0:4
	1250		d Format Qualifier de indicating the date fort	mat timo	С	ID	2/3	Situational
		format, or date a		nai, iine				
			Name					
			Date Expressed in Forma	t CCYYMMDE	)			
	1251	<b>Date Time Perio</b>			С	AN	1/35	Situational
			pression of a date, a time	, or range				
		of dates, times or						
11100	0000	Industry: Proced			_	0		0:1 - 1: 1
HI03	C022	Health Care Coo	ie information send health care codes a	and their	0	Comp		Situational
			, amounts and quantities	and then				
	1270	Code List Qualit			М	ID	1/3	Required
		Description: Co	de identifying a specific ir	ndustry				•
		code list						
			aid Directive: Use code	"BQ" only.				
			<u>Name</u>	desiminatentina O		Draga dural C	adiaa Cuataa	
			Health Care Financing Ac nternational Classification					adura
	1271	Industry Code	THE MALIONAL CIASSINGALIO	ii oi Discases	M	AN	1/30	Required
			de indicating a code from	a specific				
		industry code list		·				
		Industry: Proced						
		ExternalCodeLis	<u>st</u>					
		Name: 130	alth Care Financing Admi	inistration Com	mon Dr	ocodural Cod	ina Systom	
		ExternalCodeLis		inistration con	IIIIOII FIC	ocedurai Cod	ing System	
		Name: 131	<u>,, , , , , , , , , , , , , , , , , , ,</u>					
			ernational Classification o	f Diseases Cli	nical Mo	d (ICD-9-CM)	Procedure	
	1250	<b>Date Time Perio</b>	d Format Qualifier		С	ÌD	2/3	Situational
			de indicating the date for	mat, time				
		format, or date a						
			<u>Name</u> Date Expressed in Forma	t CCVVMMDE	1			
	1251	Date Time Perio		it OOT TWINDL	Ć	AN	1/35	Situational
			pression of a date, a time	, or range				
		of dates, times of						
		Industry: Proced			_	_		
HI04	C022	Health Care Coo		من ما 4 ام من	0	Comp		Situational
			send health care codes a , amounts and quantities	and their				
	1270	Code List Qualit			М	ID	1/3	Required
	1270		de identifying a specific ir	ndustry		10	170	rtoquirou
		code list	, , ,					
			aid Directive: Use code	"BQ" only.				
			<u>Name</u> Jackh Cara Financing As	desiminates tine O		Draga dural C	adia a Cuatana	
			Health Care Financing Ac nternational Classification					edure
	1271	Industry Code	THE MALIONAL CIASSINGALIO	ii oi Discases	M	AN	1/30	Required
		•	de indicating a code from	a specific	•••	,	., 00	. toquii ou
		industry code list		·				
		Industry: Proced						
		ExternalCodeLis	<u>st</u>					
		Name: 130	alth Care Financing Admi	injetration Com	mon Dr	acedural Cod	ing System	
		ExternalCodeLis	_	แก่งแสแบบ COII	IIIIOII FIC	Jo <del>c</del> uulai 600	ing Gystelli	
		Name: 131	<u></u>					
		Description: Inte	ernational Classification o	f Diseases Cli	nical Mo	d (ICD-9-CM)	Procedure	
	1250	<b>Date Time Perio</b>	d Format Qualifier		С	ÌD	2/3	Situational
			de indicating the date for	mat, time				
		format, or date as						
			<u>Name</u> Date Expressed in Forma	t CCYYMMDE	)			
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	1251	Date Time Period Description: Expression of a date, a time, or range	С	AN	1/35	Situational			
		of dates, times or dates and times  Industry: Procedure Date							
HI05	C022	Health Care Code Information	0	Comp		Situational			
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities							
	1270	Code List Qualifier Code	М	ID	1/3	Required			
		<b>Description:</b> Code identifying a specific industry code list							
		Nebraska Medicaid Directive: Use code "BQ" only.							
		Code         Name           BO         Health Care Financing Administration	Commo	n Drocodural (	odina Svetom				
		BQ International Classification of Disease				ocedure			
	1271	Industry Code  Description: Code indicating a code from a specific	M	AN	1/30	Required			
		industry code list							
		Industry: Procedure Code  External Codel int							
		ExternalCodeList Name: 130							
		Description: Health Care Financing Administration C	ommon F	Procedural Cod	ling System				
		ExternalCodeList Name: 131							
	1250	<b>Description:</b> International Classification of Diseases <b>Date Time Period Format Qualifier</b>	Clinical M C	1od (ICD-9-CM ID	) Procedure 2/3	Situational			
	1230	<b>Description:</b> Code indicating the date format, time	C	טו	2/3	Situational			
		format, or date and time format							
		Code D8 Name Date Expressed in Format CCYYMM	DD						
	1251	Date Time Period	С	AN	1/35	Situational			
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times							
HI06	C022	Industry: Procedure Date Health Care Code Information	0	Comp		Situational			
11100	C022	<b>Description:</b> To send health care codes and their	O	Comp		Situational			
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required			
	1270	<b>Description:</b> Code identifying a specific industry	IVI	טו	1/3	Required			
		code list  Nebraska Medicaid Directive: Use code "BQ" only.							
		Code Name							
		BO Health Care Financing Administration BQ International Classification of Disease				ocedure			
	1271	Industry Code	M	AN	1/30	Required			
		<b>Description:</b> Code indicating a code from a specific industry code list							
		Industry: Procedure Code							
		ExternalCodeList Name: 130							
		Description: Health Care Financing Administration Common Procedural Coding System							
		ExternalCodeList Name: 131							
	1050	<b>Description:</b> International Classification of Diseases		•	•	011 - 111 - 11			
	1250	Date Time Period Format Qualifier  Description: Code indicating the date format, time	С	ID	2/3	Situational			
		format, or date and time format							
		Code D8 Name Date Expressed in Format CCYYMM	DD						
	1251	Date Time Period	С	AN	1/35	Situational			
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times							
HI07	C022	Industry: Procedure Date Health Care Code Information	0	Comp		Situational			
11107	0022	<b>Description:</b> To send health care codes and their	U	Comp		Situational			
	1270	associated dates, amounts and quantities Code List Qualifier Code	М	ID	1/3	Required			
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**Description:** Code identifying a specific industry code list Nebraska Medicaid Directive: Use code "BQ" only. Code Name ВО Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure 1271 **Industry Code** Μ ΑN Required **Description:** Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList **Name:** 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** С ID 2/3 Situational **Description:** Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD 1251 **Date Time Period** С ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times **Industry:** Procedure Date **HI08** C022 **Health Care Code Information** 0 Situational Comp Description: To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** ID 1/3 Required M **Description:** Code identifying a specific industry code list Nebraska Medicaid Directive: Use code "BQ" only. Code Name ВО Health Care Financing Administration Common Procedural Coding System International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure BQ 1271 **Industry Code** Μ ΑN 1/30 Required Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** C ID 2/3 Situational **Description:** Code indicating the date format, time format, or date and time format <u>Code</u> <u>Name</u> D8 Date Expressed in Format CCYYMMDD 1251 **Date Time Period** С ΑN 1/35 Situational Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date HI09 C022 **Health Care Code Information** 0 Situational Comp **Description:** To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** Μ ID 1/3 Required **Description:** Code identifying a specific industry code list Nebraska Medicaid Directive: Use code "BQ" only. Code

Industry Code

Description: Code indicating a code from a specific

1271

BO BQ

1/30

Required

ΑN

Health Care Financing Administration Common Procedural Coding System

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International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

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Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** С ID 2/3 Situational **Description:** Code indicating the date format, time format, or date and time format <u>Code</u> Name D8 Date Expressed in Format CCYYMMDD 1251 С 1/35 Situational **Date Time Period** AN **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date Health Care Code Information HI<sub>10</sub> C022 0 Comp Situational **Description:** To send health care codes and their associated dates, amounts and quantities **Code List Qualifier Code** 1270 M ID 1/3 Required **Description:** Code identifying a specific industry code list Nebraska Medicaid Directive: Use code "BQ" only. <u>Code</u> Name ВО Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure 1271 **Industry Code** AN 1/30 М Required Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** Situational ID 2/3 С **Description:** Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD 1251 **Date Time Period** С ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date HI11 C022 **Health Care Code Information** 0 Comp Situational **Description:** To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** ID 1/3 M Required Description: Code identifying a specific industry code list Nebraska Medicaid Directive: Use code "BQ" only. <u>Code</u> Name Health Care Financing Administration Common Procedural Coding System BO International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure BQ 1271 **Industry Code** Required **Description:** Code indicating a code from a specific industry code list Industry: Procedure Code **ExternalCodeList** Name: 130 Description: Health Care Financing Administration Common Procedural Coding System

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList Name: 131

industry code list

	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	С	ID	2/3	Situational
	1251	Date Expressed in Format CCYYMMI  Date Time Period  Description: Expression of a date, a time, or range of dates, times or dates and times	DD C	AN	1/35	Situational
HI12	C022	Industry: Procedure Date Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code  Description: Code identifying a specific industry  code list	М	ID	1/3	Required
	1271	Nebraska Medicaid Directive: Use code "BQ" only.  Code BO Health Care Financing Administration BQ International Classification of Disease Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130			• •	
		Description: Health Care Financing Administration Co <u>ExternalCodeList</u> Name: 131				
	1250	Description: International Classification of Diseases Country Date Time Period Format Qualifier  Description: Code indicating the date format, time format, or date and time format  Code  Name Date Expressed in Format CCYYMMI	С	od (ICD-9-0 ID	CM) Procedure 2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date	С	AN	1/35	Situational

## HI Occurrence Span Information

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Elemen	ıt Sumı	mary:
Def	ID.	Element Name

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	М	Comp		Required
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Doguirod
	1270		IVI	טו	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list Code Name				
	1271	BI Occurrence Span	М	AN	1/30	Doguirod
	127 1	Industry Code  Pagarintian Code indicating a code from a specific	IVI	AIN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Occurrence Span Code ExternalCodeList				
		Name: 132				
			DC) Cod			
	1250	Description: National Uniform Billing Committee (NU			2/3	Doguirod
	1250	Date Time Period Format Qualifier	С	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		Code Name		MADD COV	VAMADD	
	1051	RD8 Range of Dates Expressed in Format				Dagwinad
	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code Associated Date				
шоэ	C022	Health Care Code Information		Comp		Cituational
HI02	C022		0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities	N/I	ID	1/3	Doguirod
	1270	Code List Qualifier Code	М	טו	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name BI Occurrence Span				
	1271		М	AN	1/30	Doguirod
	127 1	Industry Code  Description: Code indicating a code from a specific	IVI	AIN	1/30	Required
		industry code list Industry: Occurrence Span Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NU	BC) Cod	00		
	1250	Date Time Period Format Qualifier	C C	ES ID	2/3	Required
	1230	<b>Description:</b> Code indicating the date format, time	C	טו	2/3	Required
		format, or date and time format				
		Code Name				
		RD8 Range of Dates Expressed in Format	· CCVVIV	MDD-CCV	VMMDD	
	1251	Date Time Period	C	AN	1/35	Required
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		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times Industry: Occurrence or Occurrence Span Code				
		Associated Date				
HI03	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	4070	associated dates, amounts and quantities		ID	4/0	Daminad
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	M	ID	1/3	Required
		code list				
		Code Name				
		BI Occurrence Span				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Occurrence Span Code				
		<u>ExternalCodeList</u>				
		Name: 132				
	1250	Description: National Uniform Billing Committee (NU Date Time Period Format Qualifier	IBC) Cod C	es ID	2/3	Doguirod
	1230	<b>Description:</b> Code indicating the date format, time	C	טו	2/3	Required
		format, or date and time format				
		Code Name				
	4054	RD8 Range of Dates Expressed in Forma				Daminad
	1251	Date Time Period Description: Expression of a date, a time, or range	С	AN	1/35	Required
		of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code				
		Associated Date				
HI04	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				•
		code list				
		CodeNameBIOccurrence Span				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				•
		industry code list				
		Industry: Occurrence Span Code ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NU	IBC) Cod	es		
	1250	Date Time Period Format Qualifier	С	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		Code Name				
		RD8 Range of Dates Expressed in Forma	t CCYYN	IMDD-CCYY	/MMDD	
	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times Industry: Occurrence or Occurrence Span Code				
		Associated Date				
HI05	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required
	1270	<b>Description:</b> Code identifying a specific industry	IVI	טו	1/3	Required
		code list				
		<u>Code</u> <u>Name</u>				
	1074	BI Occurrence Span	8.4	ANI	1/00	المعادات المعادات
	1271	Industry Code  Description: Code indicating a code from a specific	М	AN	1/30	Required
		industry code list				
		Industry: Occurrence Span Code				
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		ExternalCodeList	
	1250	Name: 132  Description: National Uniform Billing Committee (NUBC) Codes  Date Time Period Format Qualifier C ID 2/3	Doguirod
	1250	<b>Description:</b> Code indicating the date format, time format, or date and time format	Required
	1251	Code     Name       RD8     Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD       Date Time Period     C     AN     1/35	Required
	1201	<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code	rtoquilou
HI06	C022	Associated Date  Health Care Code Information  Description: To send health care codes and their	Situational
	1270	associated dates, amounts and quantities  Code List Qualifier Code  M ID 1/3	Required
		Description: Code identifying a specific industry code list Code Name	·
	1271	BI Occurrence Span Industry Code M AN 1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code	. toquilou
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	
	1250	Date Time Period Format Qualifier C ID 2/3  Description: Code indicating the date format, time format, or date and time format	Required
		Code         Name           RD8         Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
	1251	Date Time Period C AN 1/35  Description: Expression of a date, a time, or range of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code	Required
HI07	C022	Associated Date Health Care Code Information O Comp	Situational
	0022	Description: To send health care codes and their associated dates, amounts and quantities	Situational
	1270	Code List Qualifier Code M ID 1/3  Description: Code identifying a specific industry code list	Required
	1271	Code         Name           BI         Occurrence Span           Industry Code         M         AN         1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code	, toquilou
		ExternalCodeList Name: 132	
	1250	Description: National Uniform Billing Committee (NUBC) Codes  Date Time Period Format Qualifier C ID 2/3  Description: Code indicating the date format, time format, or date and time format	Required
		Code         Name           RD8         Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
	1251	Date Time Period C AN 1/35  Description: Expression of a date, a time, or range of dates, times or dates and times	Required
HI08	C022	Industry: Occurrence or Occurrence Span Code Associated Date Health Care Code Information O Comp	Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities	
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	1270	Code List Qualifier Code  Description: Code identifying a specific industry code list	М	ID	1/3	Required
		Code IST  Name  BI Occurrence Span				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Occurrence Span Code  ExternalCodeList				
		Name: 132 Description: National Uniform Billing Committee (NUI	BC) Code	es		
	1250	Date Time Period Format Qualifier  Description: Code indicating the date format, time	С	ID	2/3	Required
		format, or date and time format <u>Code</u> <u>Name</u>				
	1251	RD8 Range of Dates Expressed in Format  Date Time Period	CCYYM C	MDD-CCYY AN	/MMDD 1/35	Required
	1201	<b>Description:</b> Expression of a date, a time, or range	J	7.0.4	1700	rtoquirou
		of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code				
HI09	C022	Associated Date Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	M	ID	1/3	Required
		code list				
		CodeNameBIOccurrence Span				
	1271	Industry Code  Description: Code indicating a code from a specific	M	AN	1/30	Required
		industry code list Industry: Occurrence Span Code				
		ExternalCodeList Name: 132				
	1250	Description: National Uniform Billing Committee (NUI Date Time Period Format Qualifier	BC) Code C	es ID	2/3	Required
	1200	<b>Description:</b> Code indicating the date format, time	J	15	2/0	rtoquirou
		format, or date and time format  Code Name				
	1251	RD8 Range of Dates Expressed in Format Date Time Period	CCYYM C	MDD-CCYY AN	/MMDD 1/35	Required
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code Associated Date				
HI10	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
	4070	associated dates, amounts and quantities		ID	4.10	Daminad
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	M	ID	1/3	Required
		code list <u>Code</u> <u>Name</u>				
	1271	BI Occurrence Span Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				- 1
		Industry: Occurrence Span Code				
		ExternalCodeList Name: 132	DO) C :			
	1250	Description: National Uniform Billing Committee (NUI Date Time Period Format Qualifier	BC) Code C	es ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
November	12, 2003 - 00	<u>Code</u> <u>Name</u> 04010A1 - Version 1.02 67				Nebraska Medic

	1251	RD8 Range of Dates Expressed in Forma Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code	t CCYYM C	MDD-CCYY AN	MMDD 1/35	Required
HI11	C022	Associated Date Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code  Description: Code identifying a specific industry code list	М	ID	1/3	Required
	1271	Code BIName Occurrence SpanIndustry CodeDescription: Code indicating a code from a specific	M	AN	1/30	Required
		industry code list Industry: Occurrence Span Code ExternalCodeList Name: 132				
	1250	Description: National Uniform Billing Committee (NU Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	JBC) Cod C	es ID	2/3	Required
	1251	Code RD8 Range of Dates Expressed in Forma Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	t CCYYM C	MDD-CCYY AN	MMDD 1/35	Required
HI12	C022	Industry: Occurrence or Occurrence Span Code Associated Date Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
	1270	associated dates, amounts and quantities  Code List Qualifier Code  Description: Code identifying a specific industry  code list	М	ID	1/3	Required
	1271	Code BI Occurrence Span Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code ExternalCodeList Name: 132				
	1250	Description: National Uniform Billing Committee (NU Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format  Code Name	JBC) Cod C	es ID	2/3	Required
	1251	RD8 Range of Dates Expressed in Forma  Date Time Period  Description: Expression of a date, a time, or range of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code  Associated Date	t CCYYM C	MDD-CCYY AN	'MMDD 1/35	Required

### **Occurrence Information** HI

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	<b>/:</b>
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Elemen	t Summ	ary:				
Ref	ID	Element Name	Req	Type	Min/Max	Usage
HI01	C022	Health Care Code Information	M	Comp		Required
		Description: To send health care codes and their	r	•		·
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BH Occurrence				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a spec	ITIC			
		industry code list				
		Industry: Occurrence Code				
		ExternalCodeList Name: 132				
			(NILIDO) Code	20		
	1250	Description: National Uniform Billing Committee Date Time Period Format Qualifier	(NOBC) Code	JD ID	2/3	Poquired
	1230	<b>Description:</b> Code indicating the date format, tim	_	טו	2/3	Required
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYY	'MMDD			
	1251	Date Time Period	С	AN	1/35	Required
		Description: Expression of a date, a time, or range				'
		of dates, times or dates and times	_			
		Industry: Occurrence or Occurrence Span Code				
		Associated Date				
HI02	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their	r			
	4070	associated dates, amounts and quantities		15	1.10	
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name BH Occurrence				
	1271	Industry Code	М	AN	1/30	Required
	1271	<b>Description:</b> Code indicating a code from a spec		7.11	1750	required
		industry code list				
		Industry: Occurrence Code				
		ExternalCodeList				
		Name: 132				
		<b>Description:</b> National Uniform Billing Committee	(NUBC) Code	es		
	1250	Date Time Period Format Qualifier	C	ID	2/3	Required
		Description: Code indicating the date format, tim	ie			
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYY				
	1251	Date Time Period	С	AN	1/35	Required
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		Description: Expression of a date, a time, or range				
		of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code  Associated Date				
HI03	C022	Health Care Code Information	0	Comp		Situational
	00	<b>Description:</b> To send health care codes and their		оор		0.10.01.0.10.
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name BH Occurrence				
	1271	Industry Code	М	AN	1/30	Required
	127 1	<b>Description:</b> Code indicating a code from a specific		7.11	1700	rtoquirou
		industry code list				
		Industry: Occurrence Code				
		ExternalCodeList				
		Name: 132	DC) Cod			
	1250	Description: National Uniform Billing Committee (NU Date Time Period Format Qualifier	вс) соа С	ID	2/3	Required
	1230	<b>Description:</b> Code indicating the date format, time	O	ib	2/3	rtequired
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMM				
	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code				
		Associated Date				
HI04	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	4070	associated dates, amounts and quantities		ID	4.0	Demined
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	М	ID	1/3	Required
		code list				
		Code Name				
		BH Occurrence				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list Industry: Occurrence Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NU	BC) Cod	es		
	1250	Date Time Period Format Qualifier	С	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format  Code  Name				
		CodeNameD8Date Expressed in Format CCYYMM	חח			
	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code				
LUOF	0000	Associated Date		0.000		Cityotional
HI05	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				•
		code list				
		Code Name				
	1271	BH Occurrence Industry Code	М	AN	1/30	Required
	141 1	<b>Description:</b> Code indicating a code from a specific	IVI	ΔIN	1/30	Nequileu
		industry code list				
		Industry: Occurrence Code				
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		<u>ExternalCodeList</u>		
		Name: 132		
	1250	Description: National Uniform Billing Committee (NUBC) Codes  Date Time Period Format Qualifier  C ID	2/3	Required
	.200	<b>Description:</b> Code indicating the date format, time	2,0	r toquilou
		format, or date and time format		
		Code Name		
	1251	D8 Date Expressed in Format CCYYMMDD  Date Time Period C AN	l 1/35	Required
	1251	<b>Description:</b> Expression of a date, a time, or range	. 1755	rtequired
		of dates, times or dates and times		
		Industry: Occurrence or Occurrence Span Code		
HI06	C022	Associated Date Health Care Code Information O Com	nn.	Situational
11100	0022	Health Care Code Information O Com  Description: To send health care codes and their	ip	Situational
		associated dates, amounts and quantities		
	1270	Code List Qualifier Code M ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list		
		Code Name		
		BH Occurrence		
	1271	Industry Code M AN	I 1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list		
		Industry: Occurrence Code		
		<u>ExternalCodeList</u>		
		Name: 132		
	1250	Description: National Uniform Billing Committee (NUBC) Codes  Date Time Period Format Qualifier  C ID	2/3	Required
	.200	<b>Description:</b> Code indicating the date format, time	2,0	r toquilou
		format, or date and time format		
		Code         Name           D8         Date Expressed in Format CCYYMMDD		
	1251	D8 Date Expressed in Format CCYYMMDD  Date Time Period C AN	I 1/35	Required
		<b>Description:</b> Expression of a date, a time, or range		
		of dates, times or dates and times		
		Industry: Occurrence or Occurrence Span Code Associated Date		
HI07	C022	Health Care Code Information O Com	ıp	Situational
		Description: To send health care codes and their	•	
	4070	associated dates, amounts and quantities	4/0	Deguined
	1270	Code List Qualifier Code M ID  Description: Code identifying a specific industry	1/3	Required
		code list		
		Code Name		
	1271	BH Occurrence Industry Code M AN	I 1/30	Required
	127 1	<b>Description:</b> Code indicating a code from a specific	. 1/30	rtequired
		industry code list		
		Industry: Occurrence Code		
		ExternalCodeList Name: 132		
		<b>Description:</b> National Uniform Billing Committee (NUBC) Codes		
	1250	Date Time Period Format Qualifier C ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time format, or date and time format		
		Code Name		
		D8 Date Expressed in Format CCYYMMDD		
	1251	Date Time Period C AN	l 1/35	Required
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times		
		Industry: Occurrence or Occurrence Span Code		
		Associated Date		<b></b>
HI08	C022	Health Care Code Information O Com  Description: To send health care codes and their	ıp	Situational
		associated dates, amounts and quantities		
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	1270	Code List Qualifier Code  Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BH Occurrence				
	1271	Industry Code Description: Code indicating a code from a specific	М	AN	1/30	Required
		industry code list Industry: Occurrence Code ExternalCodeList				
		Name: 132  Description: National Uniform Billing Committee (NUE)	C) Code	06		
	1250	Date Time Period Format Qualifier  Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name  D8 Date Expressed in Format CCYYMME	)D			
	1251	Date Time Period	С	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Occurrence or Occurrence Span Code				
	0000	Associated Date	•			0.0
HI09	C022	Health Care Code Information  Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code  Description: Code identifying a specific industry code list	М	ID	1/3	Required
		<u>Code</u> <u>Name</u>				
	1271	BH Occurrence Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry: Occurrence Code				
		ExternalCodeList Name: 132				
	4050	Description: National Uniform Billing Committee (NUE			0/0	Degrained
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time	С	ID	2/3	Required
		format, or date and time format  Code Name				
	4054	D8 Date Expressed in Format CCYYMMD		A N I	4/05	Demined
	1251	Date Time Period Description: Expression of a date, a time, or range	С	AN	1/35	Required
		of dates, times or dates and times Industry: Occurrence or Occurrence Span Code				
		Associated Date	_			
HI10	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
	4070	associated dates, amounts and quantities	N 4	ID	4/0	Deguined
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	M	ID	1/3	Required
		code list  Code Name				
		BH Occurrence				
	1271	Industry Code  Description: Code indicating a code from a specific	M	AN	1/30	Required
		industry code list				
		Industry: Occurrence Code ExternalCodeList				
		Name: 132	10\ 0 = t			
	1250	Description: National Uniform Billing Committee (NUE Date Time Period Format Qualifier	C (SC)	es ID	2/3	Required
		Description: Code indicating the date format, time				•
		format, or date and time format <u>Code</u> <u>Name</u>				
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	1251	D8 Date Expressed in Format CCYYMMD  Date Time Period  Description: Expression of a date, a time, or range of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code	DD C	AN	1/35	Required
HI11	C022	Associated Date Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
	1270	associated dates, amounts and quantities  Code List Qualifier Code  Description: Code identifying a specific industry  code list	M	ID	1/3	Required
		CodeNameBHOccurrence				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code ExternalCodeList	M	AN	1/30	Required
		Name: 132 Description: National Uniform Billing Committee (NUB	3C) Code			
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	С	ID	2/3	Required
	1251	D8 Date Expressed in Format CCYYMMD  Date Time Period  Description: Expression of a date, a time, or range of dates, times or dates and times	DD C	AN	1/35	Required
		Industry: Occurrence or Occurrence Span Code Associated Date				
HI12	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code  Description: Code identifying a specific industry code list  Code Name  BH Occurrence	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code ExternalCodeList Name: 132	M	AN	1/30	Required
	1050	Description: National Uniform Billing Committee (NUB			2/2	Deguined
	1250	Date Time Period Format Qualifier  Description: Code indicating the date format, time format, or date and time format  Code  Name	С	ID	2/3	Required
	1251	D8 Date Expressed in Format CCYYMMD  Date Time Period  Description: Expression of a date, a time, or range of dates, times or dates and times  Industry: Occurrence or Occurrence Span Code	D C	AN	1/35	Required
		Associated Date				

# **Value Information**

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

#### **Nebraska Medicaid Directive:**

Element	Summary	<b>/</b> :
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Elemen	t Summ	ary:				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	М	Comp		Required
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
HI01 C022 Health Care Code Information M Comp  Description: To send health care codes and their associated dates, amounts and quantities						
		code list				
		<u>Code</u> <u>Name</u>				
		BE Value				
	1271	•	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Value Code				
		The state of the s				
	782		О	R	1/18	Required
	0000	•	_			0:4 4: 1
HI02	C022		O	Comp		Situational
	1070		N 4	ID	1/0	Dogwined
	1270		IVI	ID	1/3	Required
	1271		NA	ΔNI	1/20	Doguirod
	127 1	•	IVI	AIN	1/30	Required
		•				
			3C) Code	20		
	782				1/18	Required
	702		Ū		1710	rtoquirou
		Industry: Value Code Associated Amount				
HI03	C022	Health Care Code Information	0	Comp		Situational
	00	<b>Description:</b> To send health care codes and their	•			
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name				
		BE Value				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				•
		•				

					rioditi od	io Giairii indicatoriai Gov
		industry code list				
		Industry: Value Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUI	BC) Cod	les		
	782	Monetary Amount	0	R	1/18	Required
	102	Description: Monetary amount	O	11	17 10	required
LIIO4	COOO	Industry: Value Code Associated Amount	0	Comp		Cituational
HI04	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	4070	associated dates, amounts and quantities			4.0	
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BE Value				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Value Code				
		<u>ExternalCodeList</u>				
		Name: 132				
		<b>Description:</b> National Uniform Billing Committee (NUI	BC) Cod	les		
	782	Monetary Amount	0	R	1/18	Required
		Description: Monetary amount				•
		Industry: Value Code Associated Amount				
HI05	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name				
		BE Value				
	1271	Industry Code	М	AN	1/30	Required
	1211	<b>Description:</b> Code indicating a code from a specific	IVI	AN	1730	rtequired
		industry code list				
		Industry: Value Code				
		ExternalCodeList Name: 132				
		********	DC) Coo	loo		
	700	Description: National Uniform Billing Committee (NUI			4/40	Dogwined
	782	Monetary Amount	0	R	1/18	Required
		Description: Monetary amount				
1,1100	0000	Industry: Value Code Associated Amount	_	0		0.1
HI06	C022	Health Care Code Information	Ο	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	4070	associated dates, amounts and quantities			4.10	
	1270	Code List Qualifier Code	М	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u>				
		BE Value				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Value Code				
		<u>ExternalCodeList</u>				
		Name: 132				
		<b>Description:</b> National Uniform Billing Committee (NUI	BC) Cod	les		
	782	Monetary Amount	0	R	1/18	Required
		Description: Monetary amount				•
		Industry: Value Code Associated Amount				
HI07	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their		•		
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
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		· -				

		<b>Description:</b> Code identifying a specific industry code list				
		<u>Code</u> <u>Name</u> BE Value				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Value Code				
		<u>ExternalCodeList</u>				
		Name: 132	BC) Cod	00		
	782	Description: National Uniform Billing Committee (NUI Monetary Amount	O COU	es R	1/18	Required
		Description: Monetary amount				
11100	0000	Industry: Value Code Associated Amount	0	0		0:4
HI08	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		Code Name				
		BE Value				
	1271	Industry Code  Description: Code indicating a code from a specific	M	AN	1/30	Required
		industry code list				
		Industry: Value Code				
		ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NUI	BC) Cod	es		
	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount Industry: Value Code Associated Amount				
HI09	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required
	1270	<b>Description:</b> Code identifying a specific industry	IVI	טו	1/3	rtequired
		code list				
		<u>Code</u> <u>Name</u> BE Value				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list Industry: Value Code				
		ExternalCodeList				
		Name: 132				
	782	Description: National Uniform Billing Committee (NUI Monetary Amount	BC) Cod	es R	1/18	Required
	702	Description: Monetary amount	O	IX	1/10	required
		Industry: Value Code Associated Amount				<b>.</b>
HI10	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		Code Name				
		BE Value				
	1271	Industry Code  Description: Code indicating a code from a specific	M	AN	1/30	Required
		industry code list				
		Industry: Value Code				
		ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NUI	BC) Cod	es		
	782	Monetary Amount	O	R	1/18	Required
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		Description: Monetary amount				
		Industry: Value Code Associated Amount				
HI11	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u> BE Value				
	1271	Industry Code	М	AN	1/30	Required
	127 1	<b>Description:</b> Code indicating a code from a specific	IVI	AIN	1/30	Required
		industry code list				
		Industry: Value Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUI	BC) Code	es		
	782	Monetary Amount	Ô	R	1/18	Required
		Description: Monetary amount				
		Industry: Value Code Associated Amount				
HI12	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u> BE Value				
	1271	Industry Code	М	AN	1/30	Required
	127 1	<b>Description:</b> Code indicating a code from a specific	IVI	AIN	1/30	Required
		industry code list				
		Industry: Value Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUI	BC) Code	es		
	782	Monetary Amount	Ô	R	1/18	Required
		Description: Monetary amount				•
		Industry: Value Code Associated Amount				

# HI Condition Information

Loop: 2300

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

#### **Nebraska Medicaid Directive:**

Element	Summa	ary:
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	M	Comp		Required
		<b>Description:</b> To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name				
	4074	BG Condition	N 4	A N I	1/20	Deguined
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NU	BC) Cod	<b>es</b>		
HI02	C022	Health Care Code Information	0	Comp		Situational
02	0022	<b>Description:</b> To send health care codes and their	Ū	OOp		Citaational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				•
		code list				
		Code Name				
		BG Condition				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132	DO) O 1			
11100	0000	Description: National Uniform Billing Committee (NU	_	_		0:4
HI03	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required
	1270	Description: Code identifying a specific industry	IVI	טו	1/3	rtequired
		code list				
		Code Name				
		BG Condition				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				- 4-
		industry code list				
		Industry: Condition Code				
		<u>ExternalCodeList</u>				
		Name: 132				
		<b>Description:</b> National Uniform Billing Committee (NU	BC) Cod	es		
HI04	C022	Health Care Code Information	Ο	Comp		Situational
Manager	40 0000 0	3404044 1/4 1 400				

		Description: To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		Code Name				
		BG Condition				
	1271	Industry Code  Page intigent Code indicating a code from a specific	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132 Description: National Uniform Billing Committee (NU	BC) Code	29		
HI05	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required
	1270	<b>Description:</b> Code identifying a specific industry	IVI	ID	1/3	rtequiled
		code list				
		Code Name BG Condition				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific	•••			
		industry code list				
		Industry: Condition Code ExternalCodeList				
		Name: 132				
	0000	Description: National Uniform Billing Committee (NU				0'' '' '
HI06	C022	Health Care Code Information  Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		Code Name				
		BG Condition				
	1271	Industry Code  Page intigent Code indicating a code from a specific	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		Industry: Condition Code				
		ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NU	BC) Code	es		
HI07	C022	Health Care Code Information	0	Comp		Situational
		<b>Description:</b> To send health care codes and their				
	1270	associated dates, amounts and quantities  Code List Qualifier Code	М	ID	1/3	Required
	12.0	<b>Description:</b> Code identifying a specific industry	•••		.,,	r toquilou
		code list				
		Code Name BG Condition				
	1271	Industry Code	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				
		industry code list Industry: Condition Code				
		ExternalCodeList				
		Name: 132				
HI08	C022	Description: National Uniform Billing Committee (NU Health Care Code Information	BC) Code	es Comp		Situational
1 1100	0022	<b>Description:</b> To send health care codes and their	J	Comp		GituatiOriai
		associated dates, amounts and quantities			4.45	
	1270	Code List Qualifier Code  Description: Code identifying a specific industry	M	ID	1/3	Required
		code list				
		Code Name				
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		BG Condition				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific				- 1-
		industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132 Description: National Uniform Billing Committee (NU	BC) Code	00		
HI09	C022	Health Care Code Information	0	Comp		Situational
11100	0022	<b>Description:</b> To send health care codes and their	Ü	Comp		Citadional
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> <u>Name</u> BG Condition				
	1271	Industry Code	М	AN	1/30	Required
	1271	<b>Description:</b> Code indicating a code from a specific	141	7 11 4	1700	rtoquirou
		industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132 Description: National Uniform Billing Committee (NU	PC) Code	00		
HI10	C022	Health Care Code Information	O COU	Comp		Situational
11110	0022	<b>Description:</b> To send health care codes and their	O	Comp		Oltdational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> BG Condition				
	1271	Industry Code	М	AN	1/30	Required
	1271	<b>Description:</b> Code indicating a code from a specific	141	7 11 4	1700	rtoquirou
		industry code list				
		Industry: Condition Code				
		<u>ExternalCodeList</u>				
		Name: 132	DC) Cod			
HI11	C022	Description: National Uniform Billing Committee (NU Health Care Code Information	O COU	Comp		Situational
11111	0022	<b>Description:</b> To send health care codes and their	O	Comp		Oltdational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		Code Name BG Condition				
	1271	Industry Code	М	AN	1/30	Required
	1271	<b>Description:</b> Code indicating a code from a specific	141	7 11 4	1700	rtoquirou
		industry code list				
		Industry: Condition Code				
		ExternalCodeList				
		Name: 132 Description: National Uniform Billing Committee (NU	BC) Code	00		
HI12	C022	Health Care Code Information	O COU	Comp		Situational
11112	0022	<b>Description:</b> To send health care codes and their	Ü	Comp		Citadional
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry				
		code list				
		<u>Code</u> BG Condition				
	1271	Industry Code	М	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific	.*.	•	55	59404
		industry code list				
		Industry: Condition Code				
November 1	2 2002 00	ExternalCodeList 04010A1 - Version 1.02 80				Nebraska Medi
INDVEHIDE: 1	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	770 100 L - VELSION L UZ				DEDIASKA MENI

Health Care Claim: Institutional - 837

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

# **QTY** Claim Quantity

Loop: 2300

Elements: 3

User Option (Usage): Situational

To specify quantity information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

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<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
QTY01	673	Quantity Qualifier	M	ID	2/2	Required
		<b>Description:</b> Code specifying the type of quantity				
		Code Name				
		CA Covered - Actual				
		CD Co-insured - Actual				
		LA Life-time Reserve - Actual				
		NA Number of Non-covered Days				
QTY02	380	Quantity	С	R	1/15	Required
		Description: Numeric value of quantity				•
		Industry: Claim Days Count				
QTY03	C001	Composite Unit of Measure	0	Comp		Required
		<b>Description:</b> To identify a composite unit of		•		•
		measure(See Figures Appendix for examples of use)				
	355	Unit or Basis for Measurement Code	M	ID	2/2	Required
		<b>Description:</b> Code specifying the units in which a				
		value is being expressed, or manner in which a				
		measurement has been taken				
		Code Name				
		DA Days				
		•				

# NM1 Attending Physician Name

Loop: 2310A

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	<b>/</b> :
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⊏iement	Summ	iary:				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ĪD	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name				
		71 Attending Physician				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		Description: Individual last name or organizational				
		name				
		Industry: Attending Physician Last Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
		Industry: Attending Physician First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Attending Physician Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				
		Industry: Attending Physician Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administration	n National	Provider	Identifier	
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Attending Physician Primary Identifier				
		ExternalCodeList				
		Name: 537				

Name: 53/

Description: Health Care Financing Administration National Provider Identifier

## **REF**

# **Attending Physician Secondary Identification**

Loop: 2310A

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when an attending physician is reported on the claim.

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Ref	<u>ID</u>	Element N	ame	Req	Type	Min/Max	<u>Usage</u>
REF01	128	Reference	Identification Qualifier	M	ĪD	2/3	Required
		Descriptio	n: Code qualifying the Reference				•
		Identification	on				
		Nebraska	Medicaid Directive: Use code "0B" only.				
		Code	<u>Name</u>				
		0B	State License Number				
		1A	Blue Cross Provider Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		El	Employer's Identification Number				
		G2	Provider Commercial Number				
		LU	Location Number				
		N5	Provider Plan Network Identification N	Number			
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nu	mber			
REF02	127		Identification	С	AN	1/30	Required
		•	n: Reference information as defined for a				
			ransaction Set or as specified by the				
			Identification Qualifier				
		_	Attending Physician Secondary Identifier				
			Medicaid Directive: State license				
			ust be the two-digit alphabetical state code				
			on followed by the state license number.				
		For examp	le, NE123456.				

# **NM1** Operating Physician Name

Loop: 2310B

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Sumi	marv:
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<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		72 Operating Physician				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
NM103	1035	Name Last or Organization Name	Ο	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational				
		name				
		Industry: Operating Physician Last Name				
NM104	1036	Name First	0	AN	1/25	Required
		Description: Individual first name				
		Industry: Operating Physician First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Operating Physician Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: Operating Physician Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number	. NI=4:====1	D	_	
NIN 44 00	07	XX Health Care Financing Administration				Daminad
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Operating Physician Primary Identifier				
		ExternalCodeList				

Name: 537

Description: Health Care Financing Administration National Provider Identifier

# **REF** Operating Physician Secondary Identification

Loop: 2310B

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when an operating physician is reported on the claim.

Εl	em	ent	Su	mı	ma	rv	:
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		•		_	-		
Ref	<u>ID</u>	Element N		Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128		Identification Qualifier	M	ID	2/3	Required
			n: Code qualifying the Reference				
		Identification	n				
		Nebraska I	Medicaid Directive: Use code "0B" only.				
		<u>Code</u>	<u>Name</u>				
		0B	State License Number				
		1A	Blue Cross Provider Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		EI	Employer's Identification Number				
		G2	Provider Commercial Number				
		LU	Location Number				
		N5	Provider Plan Network Identification I	Number			
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nu	mber			
REF02	127	-	Identification	C	AN	1/30	Required
			n: Reference information as defined for a	Ū	,	1700	rtoquirou
		-	ransaction Set or as specified by the				
		•	Identification Qualifier				
			Operating Physician Secondary Identifier				
			Medicaid Directive: State license must				
			digit alphabetical state code abbreviation				
			<u> </u>				
		NE123456.	the state license number. For example,				
		NE 123430.					

#### **Other Provider Name** NM<sub>1</sub>

Loop: 2310C

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	<b>/:</b>
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⊏iemem	Summ	ary:				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ĪD	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name				
		73 Other Physician				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		Description: Individual last name or organizational				
		name				
		Industry: Other Physician Last Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
		Industry: Other Physician First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
		<b>Description:</b> Individual middle name or initial				
		Industry: Other Provider Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				
		Industry: Other Provider Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administration	_			
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Other Physician Identifier				
		ExternalCodeList				

Description: Health Care Financing Administration National Provider Identifier

# **REF** Other Provider Secondary Identification

Loop: 2310C

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when an other physician is reported on the claim.

Element	Sumi	marv:
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Ref	<u>ID</u>	Element N	lame	Req	Type	Min/Max	Usage
REF01	128		ldentification Qualifier	M	ID	2/3	Required
			on: Code qualifying the Reference				
		Identification	. , ,				
		Nebraska	Medicaid Directive: Use code "0B" only.				
		Code	Name				
		0B	State License Number				
		1A	Blue Cross Provider Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		EI	Employer's Identification Number				
		G2	Provider Commercial Number				
		LU	Location Number				
		N5	Provider Plan Network Identification I	Number			
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nu				
REF02	127		dentification	С	AN	1/30	Required
		•	on: Reference information as defined for a				
		•	Fransaction Set or as specified by the				
			Identification Qualifier				
		_	Other Provider Secondary Identifier				
			Medicaid Directive: State license				
			ust be the two-digit alphabetical state code				
			on followed by the state license number.				
		For examp	ole, NE123456.				

# **SBR** Other Subscriber Information

Loop: 2320

Elements: 5

User Option (Usage): Situational

To record information specific to the primary insured and the insurance carrier for that insured

#### **Nebraska Medicaid Directive:**

Element	Summary	<b>/</b> :
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage
SBR01	1138	Payer Responsibility Sequence Number Code	M	ÍD	1/1	Required
		Description: Code identifying the insurance carrier	's			·
		level of responsibility for a payment of a claim				
		Code Name				
		P Primary				
		S Secondary				
		T Tertiary				
SBR02	1069	Individual Relationship Code	0	ID	2/2	Required
		<b>Description:</b> Code indicating the relationship				
		between two individuals or entities				
		Code Name				
		01 Spouse				
		04 Grandfather or Grandmother				
		05 Grandson or Granddaughter 07 Nephew or Niece				
		07 Nephew or Niece 10 Foster Child				
		15 Ward				
		17 Stepson or Stepdaughter				
		18 Self				
		19 Child				
		20 Employee				
		21 Unknown				
		22 Handicapped Dependent				
		23 Sponsored Dependent				
		24 Dependent of a Minor Dependent				
		29 Significant Other				
		32 Mother				
		33 Father				
		36 Emancipated Minor				
		39 Organ Donor				
		40 Cadaver Donor				
		41 Injured Plaintiff				
		Child Where Insured Has No Finar	icial Respo	nsibility		
		53 Life Partner				
CDDOO	407	G8 Other Relationship	0	A N I	1/20	Cityatianal
SBR03	127	<b>Reference Identification Description:</b> Reference information as defined for	0	AN	1/30	Situational
		particular Transaction Set or as specified by the	a			
		Reference Identification Qualifier				
		Industry: Insured Group or Policy Number				
SBR04	93	Name	0	AN	1/60	Situational
ODI (O F	50	Description: Free-form name	J	, u •	1700	Citadioilai
		Industry: Other Insured Group Name				
SBR09	1032	Claim Filing Indicator Code	0	ID	1/2	Situational
		<b>Description:</b> Code identifying type of claim	-			
		Code Name				

09 Self-pay

10 Central Certification

11 Other Non-Federal Programs

12 Preferred Provider Organization (PPO)

13 Point of Service (POS)

14 Exclusive Provider Organization (EPO)

15 Indemnity Insurance

16 Health Maintenance Organization (HMO) Medicare Risk

AM Automobile Medical
BL Blue Cross/Blue Shield

CH Champus

CI Commercial Insurance Co.

DS Disability

HM Health Maintenance Organization

LI Liability

LM Liability Medical
MA Medicare Part A
MB Medicare Part B
MC Medicare

MC Medicaid

OF Other Federal Program

TV Title V

VA Veteran Administration Plan

WC Workers' Compensation Health Claim

ZZ Mutually Defined

# **CAS** Claim Level Adjustment

Loop: 2320

Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

#### **Nebraska Medicaid Directive:**

E	len	ne	nt	Sı	um	m	arv	/:
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Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code	М	ĪD	1/2	Required
		<b>Description:</b> Code identifying the general category				
		of payment adjustment				
		Code Name				
		CO Contractual Obligations				
		CR Correction and Reversals				
		OA Other adjustments				
		PI Payor Initiated Reductions PR Patient Responsibility				
CAS02	1034	PR Patient Responsibility Claim Adjustment Reason Code	М	ID	1/5	Required
0/1002	1001	<b>Description:</b> Code identifying the detailed reason		10	1/3	rtoquirou
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS03	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Adjustment Amount				
CAS04 380	380	Quantity	0	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
04005	1001	Industry: Adjustment Quantity			4.5	0., ,,
CAS05	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS06	782	Monetary Amount	С	R	R 1/18	Situational
071000	. 02	Description: Monetary amount	Ū		., 10	onadiona.
		Industry: Adjustment Amount				
CAS07	380	Quantity	С	R	1/15	Situational
		Description: Numeric value of quantity		. •		
		Industry: Adjustment Quantity				
CAS08	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
CAS09	792	Description: Claim Adjustment Reason Code	C	P	1/10	Situational
CASUS	782	Monetary Amount Description: Monetary amount	C	C R	1/18	Situational
		Industry: Adjustment Amount				
CAS10	380	Quantity	С	R	1/15	Situational
		4010A1 Varaion 1.02	-			Nobrooka Madia

		Description: Numeric value of quantity Industry: Adjustment Quantity				
CAS11	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS12	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount	-			
		Industry: Adjustment Amount				
CAS13	380	Quantity	С	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
04044	4004	Industry: Adjustment Quantity	0	ID.	4.15	0:1 - 1: 1
CAS14	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS15	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount				
		Industry: Adjustment Amount				
CAS16	380	Quantity	С	R	1/15	Situational
		<b>Description:</b> Numeric value of quantity				
CAS17	1034	Industry: Adjustment Quantity	С	ID	1/5	Situational
CAST	1034	Claim Adjustment Reason Code  Description: Code identifying the detailed reason	C	טו	1/5	Situational
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS18	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount				
CAC10	200	Industry: Adjustment Amount	С	D	1/15	Cituational
CAS19	380	Quantity Description: Numeric value of quantity	C	R	1/15	Situational
		Industry: Adjustment Quantity				
		made y. Adjustment quality				

# **AMT** Payer Prior Payment

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	М	ID	1/3	Required
		Description: Code to qualify amount				·
		Code Name				
		C4 Prior Payment - Actual				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Other Payer Patient Paid Amount				

# **Coordination of Benefits (COB) Total Allowed Amount**

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

## **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
522	Amount Qualifier Code	M	ID	1/3	Required
	Description: Code to qualify amount				
	Code Name				
	B6 Allowed - Actual				
782	Monetary Amount	M	R	1/18	Required
	Description: Monetary amount				
	Industry: Allowed Amount				
	<del>5</del> 22	522 Amount Qualifier Code Description: Code to qualify amount Code B6 Allowed - Actual 782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code B6 Allowed - Actual  782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code B6 Allowed - Actual  782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code B6 Allowed - Actual  782 Monetary Amount Description: Monetary amount

# **Coordination of Benefits (COB) Total Submitted Charges**

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

## **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		T3 Total Submitted Charges				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Coordination of Benefits Total Submitted				
		Charge Amount				

# **Coordination of Benefits (COB) Total Medicare Paid Amount**

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				•
		Code Name				
		N1 Net Worth				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Total Medicare Paid Amount				

# Coordination of Benefits (COB) Total Non-covered Amount

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

## **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
522	Amount Qualifier Code	M	ID	1/3	Required
	Description: Code to qualify amount				
	Code Name				
	A8 Noncovered Charges - Actual				
782	Monetary Amount	М	R	1/18	Required
	Description: Monetary amount				
	Industry: Non-Covered Charge Amount				
	522	522 Amount Qualifier Code Description: Code to qualify amount Code A8 Noncovered Charges - Actual 782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code Name A8 Noncovered Charges - Actual  782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code A8 Noncovered Charges - Actual  782 Monetary Amount Description: Monetary amount	522 Amount Qualifier Code Description: Code to qualify amount Code A8 Noncovered Charges - Actual  782 Monetary Amount Description: Monetary amount

# **Coordination of Benefits (COB) Total Denied Amount**

Loop: 2320

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code Name				
		YT Denied				
AMT02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Claim Total Denied Charge Amount				

## **DMG**

# Other Subscriber Demographic Information

Loop: 2320

Elements: 3

User Option (Usage): Situational

To supply demographic information

## **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Élement Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>		
DMG01	1250	Date Time Period Format Qualifier	С	ID	2/3	Required		
		<b>Description:</b> Code indicating the date format, time						
		format, or date and time format						
		Code Name						
		D8 Date Expressed in Format CCYYMMDD						
DMG02	1251	Date Time Period	С	AN	1/35	Required		
		<b>Description:</b> Expression of a date, a time, or range						
		of dates, times or dates and times						
		Industry: Other Insured Birth Date						
DMG03	1068	Gender Code	0	ID	1/1	Required		
		<b>Description:</b> Code indicating the sex of the						
		individual						
		Industry: Other Insured Gender Code						
		<u>Code</u> <u>Name</u>						
		F Female						
		M Male						
		U Unknown						

# OI Other Insurance Coverage Information

Loop: 2320

Elements: 2

User Option (Usage): Required

To specify information associated with other health insurance coverage

# Element Summary: Ref ID Ele

<u>Ref</u>	<u>ID</u>	Element Name		<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>				
OI03	1073	Yes/No Condi	tion or Response Code	0	ID	1/1	Required				
		Description: 0	Code indicating a Yes or No condition								
		or response									
		Industry: Bene	efits Assignment Certification Indicator								
		Code	<u>Name</u>								
		N	No								
		Υ	Yes								
OI06	1363	Release of Inf	ormation Code	0	ID	1/1	Required				
		Description: 0	Description: Code indicating whether the provider								
		has on file a signed statement by the patient									
		authorizing the release of medical data to other									
		organizations									
		Code	Name								
		A	Appropriate Release of Information or	File at H	Health Care	e Service Provid	er or at Utilization				
			Review Organization								
		1	Informed Consent to Release Medical	Informa	tion for Co	nditions or Diagr	noses Regulated by				
			Federal Statutes			J	•				
		M	The Provider has Limited or Restricted	Ability t	to Release	Data Related to	a Claim				
		N	No, Provider is Not Allowed to Releas	•							
		O	On file at Payor or at Plan Sponsor								
		Ϋ́	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to								
		-	a Claim								

# MIA Medicare Inpatient Adjudication Information

Loop: 2320

Elements: 24

User Option (Usage): Situational

To provide claim-level data related to the adjudication of Medicare inpatient claims

### **Nebraska Medicaid Directive:**

Element	Summary	<b>/:</b>
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Ref MIA01	<u>ID</u> 380	Element Name Quantity	Req M	Type R	Min/Max 1/15	<u>Usage</u> Required
10117 (0 1	000	<b>Description:</b> Numeric value of quantity	141	11	1710	rtoquilou
		Industry: Covered Days or Visits Count				
MIA02	380	Quantity	0	R	1/15	Situational
102	000	<b>Description:</b> Numeric value of quantity	Ū			Oltaation ai
		Industry: Lifetime Reserve Days Count				
		Nebraska Medicaid Directive: Use this quantity to				
		indicate the lifetime reserve days.				
MIA03	380	Quantity	0	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Lifetime Psychiatric Days Count				
MIA04	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
		Industry: Claim DRG Amount				
MIA05	127	Reference Identification	0	AN	1/30	Situational
		<b>Description:</b> Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Remark Code				
		<u>ExternalCodeList</u>				
		Name: 411				
		<b>Description:</b> Remittance Remark Codes				
MIA06	782	Monetary Amount	Ο	R	1/18	Situational
		Description: Monetary amount				
		Industry: Claim Disproportionate Share Amount	_	_		
MIA07	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
	700	Industry: Claim MSP Pass-through Amount	_	_	4/40	0., ,,
MIA08	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
N41400	700	Industry: Claim PPS Capital Amount	_	_	4/40	0:4
MIA09	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
MIA10	782	Industry: PPS-Capital FSP DRG Amount Monetary Amount	0	R	1/18	Situational
MIATO	102	Description: Monetary amount	O	К	1/10	Situational
		Industry: PPS-Capital HSP DRG Amount				
MIA11	782	Monetary Amount	0	R	1/18	Situational
IVIIZTI	102	Description: Monetary amount	O	11	1710	Olluational
		Industry: PPS-Capital DSH DRG Amount				
MIA12	782	Monetary Amount	0	R	1/18	Situational
		<b>Description:</b> Monetary amount	•	• •		011001101101
		Industry: Old Capital Amount				
MIA13	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount	-			
		Industry: PPS-Capital IME amount				
November 12	2003 - 00	04010A1 - Version 1 02 101				Nebraska Medic

Health Care Claim: Institutional - 837

MIA14	782	Monetary Amount Description: Monetary amount	0	R	1/18	Situational
		Industry: PPS-Operating Hospital Specific DRG Amount				
MIA15	380	Quantity Description: Numeric value of quantity	0	R	1/15	Situational
MIA16	782	Industry: Cost Report Day Count Monetary Amount Description: Monetary amount	0	R	1/18	Situational
N41 A 4 7	700	Industry: PPS-Operating Federal Specific DRG Amount	0	5	4/40	011 - 112 1
MIA17	782	Monetary Amount Description: Monetary amount Industry: Claim PPS Capital Outlier Amount	0	R	1/18	Situational
MIA18	782	Monetary Amount Description: Monetary amount	0	R	1/18	Situational
MIA19	782	Industry: Claim Indirect Teaching Amount Monetary Amount Description: Monetary amount	0	R	1/18	Situational
N414.00	407	Industry: Nonpayable Professional Component Amount Reference Identification	0	A N I	4/00	0:44:
MIA20	127	<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	0	AN	1/30	Situational
		Industry: Remark Code  ExternalCodeList Name: 411				
MIA21	127	Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	Ο	AN	1/30	Situational
		Industry: Remark Code  ExternalCodeList Name: 411				
MIA22	127	Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the	0	AN	1/30	Situational
		Reference Identification Qualifier Industry: Remark Code ExternalCodeList Name: 411 Description: Remittance Remark Codes				
MIA23	127	Reference Identification  Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	0	AN	1/30	Situational
		Industry: Remark Code ExternalCodeList Name: 411				
MIA24	782	Description: Remittance Remark Codes Monetary Amount Description: Monetary amount Industry: PPS-Capital Exception Amount	0	R	1/18	Situational

# MOA

# Medicare Outpatient Adjudication Information

Loop: 2320

Elements: 9

User Option (Usage): Situational

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

### **Nebraska Medicaid Directive:**

Element	Summary	<b>/:</b>
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Ref MOA01	<u>ID</u> 954	Element Name Percent	Req O	<u>Type</u> R	Min/Max 1/10	<u>Usage</u> Situational
		<b>Description:</b> Percentage expressed as a decimal <b>Industry:</b> <i>Reimbursement Rate</i>				
MOA02	782	Monetary Amount Description: Monetary amount Industry: Claim HCPCS Payable Amount	0	R	1/18	Situational
MOA03	127	Reference Identification  Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  ExternalCodeList Name: 411	0	AN	1/30	Situational
MOA04	127	Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code	Ο	AN	1/30	Situational
MOA05	127	ExternalCodeList Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	0	AN	1/30	Situational
MOA06	127	Industry: Remark Code ExternalCodeList Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code	0	AN	1/30	Situational
MOA07	127	ExternalCodeList Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code ExternalCodeList	0	AN	1/30	Situational
MOA08 November 12,	782 2003 - 004	Name: 411 Description: Remittance Remark Codes Monetary Amount 010A1 - Version 1.02 103	0	R	1/18	Situational Nebraska Medicaid

Health Care Claim: Institutional - 837

**Description:** Monetary amount

Industry: Remark Code Monetary Amount

MOA09 782 0 R 1/18 Situational

Description: Monetary amount
Industry: Nonpayable Professional Component
Amount

# NM1 Other Subscriber Name

Loop: 2330A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

# Element Summary: Ref ID Eler

<u>Ref</u>	<u>ID</u> 98	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		IL Insured or Subscriber				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity	_			
NM103	1035	Name Last or Organization Name	Ο	AN	1/35	Required
		<b>Description:</b> Individual last name or organizational				
		name				
NM104	1036	Industry: Other Insured Last Name Name First	0	AN	1/25	Situational
NIVI 104	1036	Description: Individual first name	U	AIN	1/25	Situational
		Industry: Other Insured First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
14101103	1007	<b>Description:</b> Individual middle name or initial	O	7.11	1/25	Oltuational
		Industry: Other Insured Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		<b>Description:</b> Suffix to individual name				011.00.00
		Industry: Other Insured Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)				
		<u>Code</u> <u>Name</u>				
		MI Member Identification Number				
		ZZ Mutually Defined				
NM109	67	Identification Code	С	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Other Insured Identifier				

# N3 Other Subscriber Address

Loop: 2330A

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		<b>Description:</b> Address information				
		Industry: Other Insured Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		<b>Description:</b> Address information				
		Industry: Other Insured Address Line				

# N4 Other Subscriber City/State/ZIP Code

Loop: 2330A

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

## **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	t Guiiiii	iai y.				
<u>Ref</u>	<u>ID</u> 19	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Required
		<b>Description:</b> Free-form text for city name				
		Industry: Other Insured City Name				
N402	156	State or Province Code	0	ID	2/2	Required
		<b>Description:</b> Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Other Insured State Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		<b>Description:</b> States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Required
		<b>Description:</b> Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Other Insured Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
		<b>Description:</b> Code identifying the country				
		<u>ExternalCodeList</u>				
		Name: 5				
		<b>Description:</b> Countries, Currencies and Funds				

## **REF**

# Other Subscriber Secondary Information

Loop: 2330A

Elements: 2

User Option (Usage): Situational

To specify identifying information

### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Nam	<u>ne</u>	Req	<b>Type</b>	Min/Max	<u>Usage</u>
REF01					ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference Identification					
		Nebraska Me used by NE M	dicaid Directive: Codes "IG" and "SY" dedicaid.				
		<u>Code</u>	<u>Name</u>				
		1W	Member Identification Number				
		23	Client Number				
		IG	Insurance Policy Number				
		SY	Social Security Number				
REF02	127	Reference Id	entification	С	AN	1/30	Required
		Description:	Reference information as defined for a				
		particular Trai	nsaction Set or as specified by the				
		Reference Ide	entification Qualifier				
		Industry: Oth	er Insured Additional Identifier				

### NM1 Other Payer Name

Loop: 2330B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref	<u>ID</u> 98	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
1114400	4005	PR Payer		15	414	Б
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		Code Name 2 Non-Person Entity				
NM103	1035	2 Non Follow Endly	0	AN	1/35	Doguirod
MINITOS	1033	Name Last or Organization Name  Description: Individual last name or organizational	U	AIN	1/33	Required
		name				
		Industry: Other Payer Last or Organization Name				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
14111100	00	<b>Description:</b> Code designating the system/method	O	10	172	rtoquirou
		of code structure used for Identification Code (67)				
		Code Name				
		PI Payor Identification				
		XV Health Care Financing Administration	National	Payer Ide	entification Numb	er (PAYERID)
NM109	67	Identification Code	С	ÅN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		Industry: Other Payer Primary Identifier				
		<u>ExternalCodeList</u>				
		Name: 540				
		<b>Description:</b> Health Care Financing Administration Na	ational Pl	an ID		

### N3 Other Payer Address

Loop: 2330B

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		<b>Description:</b> Address information				
		Industry: Other Payer Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		<b>Description:</b> Address information				
		Industry: Other Payer Address Line				

### N4 Other Payer City/State/ZIP Code

Loop: 2330B

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	Counni	iai y i				
Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Required
		<b>Description:</b> Free-form text for city name				
		Industry: Other Payer City Name				
N402	156	State or Province Code	0	ID	2/2	Required
		<b>Description:</b> Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Other Payer State Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		<b>Description:</b> States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Required
		<b>Description:</b> Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Other Payer Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
		<b>Description:</b> Code identifying the country				
		<u>ExternalCodeList</u>				
		Name: 5				
		<b>Description:</b> Countries, Currencies and Funds				

### **DTP** Claim Adjudication Date

Loop: 2330B

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

R	<u>ef</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
	TP01	374	Date/Time Qualifier	М	ID	3/3	Required
			<b>Description:</b> Code specifying type of date or time, or				
			both date and time				
			Industry: Date Time Qualifier				
			Code Name				
			573 Date Claim Paid				
D.	TP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
			<b>Description:</b> Code indicating the date format, time				
			format, or date and time format				
			Code Name				
			D8 Date Expressed in Format CCYYMMDI	D			
D.	TP03	1251	Date Time Period	M	AN	1/35	Required
			<b>Description:</b> Expression of a date, a time, or range				
			of dates, times or dates and times				
			Industry: Adjudication or Payment Date				

### REF

# Other Payer Secondary Identification and Reference Number

Loop: 2330B

Elements: 2

User Option (Usage): Situational

To specify identifying information

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide and on all claims previously adjudicated by Medicare.

#### **Element Summary:**

ziement	Sullilli	ary:				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ĪD	2/3	Required
		<b>Description:</b> Code qualifying the Reference				·
		Identification				
		Nebraska Medicaid Directive: Code "F8" required				
		on claims previously adjudicated by Medicare.				
		Code Name				
		2U Payer Identification Number				
		F8 Original Reference Number				
		FY Claim Office Number				
		NF National Association of Insurance C	ommission	ers (NAIC	) Code	
		TJ Federal Taxpayer's Identification Nu	ımber	•		
REF02	127	Reference Identification	С	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				

ExternalCodeList

Industry: Other Payer Secondary Identifier

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

### **NM1** Other Payer Patient Information

Loop: 2330C

Elements: 4

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		<b>Description:</b> Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		QC Patient				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
		<b>Description:</b> Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person	_			
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		<b>Description:</b> Code designating the system/method				
		of code structure used for Identification Code (67)				
		Code Name				
		EI Employee Identification Number MI Member Identification Number				
NM109	67	Identification Code	С	AN	2/80	Doguirod
INIVI 109	07		C	AIN	2/00	Required
		<b>Description:</b> Code identifying a party or other code <b>Industry:</b> <i>Other Payer Patient Primary Identifier</i>				
		muusuy. Omer rayer radent riinary identiilei				

# REF Other Payer Patient Identification Number

Loop: 2330C

Elements: 2

User Option (Usage): Situational

To specify identifying information

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code qualifying the Reference				•
		Identification				
		<u>Code</u> <u>Name</u>				
		1W Member Identification Number				
		IG Insurance Policy Number				
		SY Social Security Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Other Payer Patient Secondary Identifier				

### **LX** Service Line Number

Loop: 2400

Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

#### **Element Summary:**

Ref	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
I X01	554	Assigned Number	M	NΩ	1/6	Required

**Description:** Number assigned for differentiation

within a transaction set

### SV2 Institutional Service Line

Loop: 2400

Elements: 7

User Option (Usage): Required

To specify the claim service detail for a Health Care institution

Flement	Summ	arv:				
Element Ref SV201	Summ <u>ID</u> 234	Element Name Product/Service ID Description: Identifying number for a product or service Industry: Service Line Revenue Code Nebraska Medicaid Directive: To report nursing facility days, use revenue code 0101. To report nursing facility therapeutic leave days, use revenue code 0183. To report nursing facility hospital leave	Req C	Type AN	<u>Min/Max</u> 1/48	<u>Usage</u> Required
		days, use revenue code 0185. Do not report leave days on Assisted Living claims. To report Residential Treatment Center therapeutic leave days, use revenue code 0183 and the applicable procedure code for the service the client received.  ExternalCodeList Name: 132  Description: National Uniform Billing Committee (NUI	BC) Code	25		
SV202	C003	Composite Medical Procedure Identifier  Description: To identify a medical procedure by its standardized codes and applicable modifiers	C	Comp		Situational
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier Nebraska Medicaid Directive: Use "HC" only. Code Name	M	ID	2/2	Required
		HC Health Care Financing Administration IV Home Infusion EDI Coalition (HIEC) F				em (HCPCS) Codes
	234	ZZ Mutually Defined Product/Service ID Description: Identifying number for a product or service	M	AN	1/48	Required
		Industry: Procedure Code Nebraska Medicaid Directive: See Web site for national code replacements of locally assigned procedure codes and modifiers at "www.hhs.state.ne.us/med/medindex.htm".				
		ExternalCodeList Name: 130 Description: Health Care Financing Administration Content   ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Pro				
		ExternalCodeList Name: SNFR		7100 0000		
	1339	Description: Skilled Nursing Facility Rate Code Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined	0	AN	2/2	Situational
	1339	by trading partners  Procedure Modifier  Description: This identifies special circumstances	0	AN	2/2	Situational

		related to the performance of the service, as defined by trading partners				
	1339	Procedure Modifier	0	AN	2/2	Situational
		<b>Description:</b> This identifies special circumstances				
		related to the performance of the service, as defined				
		by trading partners				
	1339	Procedure Modifier	0	AN	2/2	Situational
		<b>Description:</b> This identifies special circumstances				
		related to the performance of the service, as defined				
		by trading partners				
SV203	782	Monetary Amount	Ο	R	1/18	Required
		Description: Monetary amount				
		Industry: Line Item Charge Amount	_			
SV204	355	Unit or Basis for Measurement Code	С	ID	2/2	Required
		<b>Description:</b> Code specifying the units in which a				
		value is being expressed, or manner in which a				
		measurement has been taken				
		Code Name				
		DA Days F2 International Unit				
		F2 International Unit UN Unit				
SV205	380	Quantity	С	R	1/15	Poquired
37203	300	<b>Description:</b> Numeric value of quantity	C	K	1/13	Required
		Industry: Service Unit Count				
SV206	1371	Unit Rate	0	R	1/10	Situational
0 1 2 0 0	107 1	<b>Description:</b> The rate per unit of associate revenue	O	11	1710	Oltaational
		for hospital accommodation				
		Industry: Service Line Rate				
		Nebraska Medicaid Directive: For nursing facility,				
		use per diem. This will be used to calculate level of				
		care. The per diem must be reported on the line with				
		revenue code 0101.				
SV207	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
		Industry: Line Item Denied Charge or Non-Covered				
		Charge Amount				

### **PWK**

### Line Supplemental Information

Loop: 2400

Elements: 4

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

#### **Nebraska Medicaid Directive:**

When a paper attachment is required by NE Medicaid, the Claim PWK segment (2300) must be used. The line level PWK segment alone is not sufficient.

<b>Element</b>	<b>Summary:</b>
----------------	-----------------

		<u>.</u> .		_	_			
<u>Ref</u>	<u>ID</u>	Element Name		<u>Req</u>	<u>Type</u>		<u>Usage</u>	
PWK01	755	Report Type Code	e	M	Required			
		Description: Code	e indicating the title or contents of			2/2 Required		
		a document, repor	t or supporting item					
			ent Report Type Code					
		- · ·	ame					
			dmission Summary					
			rescription					
			hysician Order					
			eferral Form					
		CT C	ertification					
		DA De	ental Models					
		DG Di	iagnostic Report					
		DS Di	ischarge Summary					
			xplanation of Benefits (Coordination	of Benefit	s or Medica	re Secondary Pa	avor)	
			odels				, ,	
			ursing Notes					
			perative Note					
			•					
			upport Data for Claim					
			hysical Therapy Notes					
			rosthetics or Orthotic Certification					
			hysical Therapy Certification					
		RB R	adiology Films					
		RR R	adiology Reports					
		RT R	eport of Tests and Analysis Report					
PWK02	756	Report Transmiss	The state of the s	0	ID	1/2	Required	
			e defining timing, transmission					
			by which reports are to be sent					
			nent Transmission Code					
		•						
			id Directive: Use codes "BM" or					
		•	number is 402-471-8703.					
			ame_					
			vailable on Request at Provider Site					
			y Mail					
		EL EI	lectronically Only					
		EM E-	-Mail					
		FX By	y Fax					
PWK05	66	Identification Cod		С	ID	1/2	Situational	
	00		e designating the system/method	Ū			Citaationai	
			used for Identification Code (67)					
			id Directive: Required if PWK02 =					
			s number must be the same					
		attachment control	I number as submitted in the claim					
		level PWK segmer	nt (2300 Loop).					
		Code Na	<u>ame</u>					
			ttachment Control Number					
PWK06	67	Identification Cod	de	С	AN	2/80	Situational	

Health Care Claim: Institutional - 837

**Description:** Code identifying a party or other code

Industry: Attachment Control Number

Nebraska Medicaid Directive: Required if PWK02 = "BM" or "FX". This number must be the same attachment control number as submitted in the claim level PWK segment (2300 Loop).

### **DTP** Service Line Date

Loop: 2400

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		<b>Description:</b> Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		472 Service				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMI				
		RD8 Range of Dates Expressed in Format				
DTP03	1251	Date Time Period	M	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Service Date				

### **DTP** Assessment Date

Loop: 2400

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid for Home Health, Nursing Facility and Mental Health services.

Ref	<u>ID</u>	Element Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		<b>Description:</b> Code specifying type of date or time, or				-
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		866 Examination				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		<b>Description:</b> Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		<b>Description:</b> Expression of a date, a time, or range				·
		of dates, times or dates and times				
		Industry: Assessment Date				
		-				

### **LIN** Drug Identification

Loop: 2410

Elements: 2

User Option (Usage): Situational

To specify basic item identification data

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when HCPCS J-Code lacks specificity, is listed as "Not Otherwise Classified" (NOC), or is listed as "Not Otherwise Specified" (NOS).

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
LIN02	235	Product/Service ID Qualifier	M	ĪD	2/2	Required
		<b>Description:</b> Code identifying the type/source of the				•
		descriptive number used in Product/Service ID (234)				
		Code Name				
		N4 National Drug Code in 5-4-2 Format				
LIN03	234	Product/Service ID	M	AN	1/48	Required
		<b>Description:</b> Identifying number for a product or				•
		service				
		ExternalCodeList				
		Name: 240				
		<b>Description:</b> National Drug Code by Format				

### CTP Drug Pricing

Loop: 2410

Elements: 3

User Option (Usage): Situational

To specify pricing information

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

		<u>•</u> .	_	_		
<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CTP03	212	Unit Price	Χ	R	1/17	Required
		<b>Description:</b> Price per unit of product, service,				·
		commodity, etc.				
CTP04	380	Quantity	Χ	R	1/15	Required
		Description: Numeric value of quantity				•
CTP05	C001	Composite Unit of Measure	0	Comp		Required
		<b>Description:</b> To identify a composite unit of		·		•
		measure(See Figures Appendix for examples of use)				
	355	Unit or Basis for Measurement Code	M	ID	2/2	Required
		<b>Description:</b> Code specifying the units in which a				•
		value is being expressed, or manner in which a				
		measurement has been taken				
		Code Name				
		F2 International Unit				
		GR Gram				
		ML Milliliter				
		UN Unit				

## **SVD** Service Line Adjudication Information

Loop: 2430

Elements: 6

User Option (Usage): Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Figurent										
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>				
SVD01	67	Identification Code	M	AN	2/80	Required				
		<b>Description:</b> Code identifying a party or other code								
		Industry: Payer Identifier		_						
SVD02	782	Monetary Amount	M	R	1/18	Required				
		Description: Monetary amount								
		Industry: Service Line Paid Amount								
SVD03	C003	•	О	Comp		Situational				
		<b>Description:</b> To identify a medical procedure by its								
		standardized codes and applicable modifiers								
	235	Product/Service ID Qualifier	M	ID	2/2	Required				
		<b>Description:</b> Code identifying the type/source of the								
		descriptive number used in Product/Service ID (234)								
		Industry: Product or Service ID Qualifier								
		<u>Code</u> <u>Name</u>								
		HC Health Care Financing Administration				em (HCPCS) Codes				
		IV Home Infusion EDI Coalition (HIEC) F	Product/S	Service Co	de					
		ZZ Mutually Defined								
	234	Product/Service ID	M	AN	1/48	Required				
		<b>Description:</b> Identifying number for a product or								
		service								
		Industry: Procedure Code								
		<u>ExternalCodeList</u>								
		Name: 130 Description: Health Care Financing Administration Common Procedural Coding System  ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List								
		ExternalCodeList								
		Name: SNFR								
	4000	Description: Skilled Nursing Facility Rate Code	_	A N I	0/0	0:4				
	1339	Procedure Modifier	0	AN	2/2	Situational				
		<b>Description:</b> This identifies special circumstances								
		related to the performance of the service, as defined								
	4000	by trading partners	0	A N I	0/0	Cityotianal				
	1339		Ο	AN	2/2	Situational				
		<b>Description:</b> This identifies special circumstances								
		related to the performance of the service, as defined								
	1339	by trading partners  Procedure Modifier	0	AN	2/2	Situational				
	1339	<b>Description:</b> This identifies special circumstances	U	AIN	212	Situational				
		related to the performance of the service, as defined								
		by trading partners								
	1339		0	O AN	2/2	Situational				
	1338	<b>Description:</b> This identifies special circumstances	J	ΔIN	<u>د</u> ا د	Gituational				
		related to the performance of the service, as defined								
November 12	2002	004010A1 Varging 1.02				Nobrooko Madiaai				

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	352	by trading partners  Description  Description: A free-form description to clarify the related data elements and their content	0	AN	1/80	Situational
SVD04	234	Industry: Procedure Code Description Product/Service ID	0	AN	1/48	Required
0,001	201	<b>Description:</b> Identifying number for a product or service		7.11	17 10	rtoquilou
0)/D05	200	Industry: Service Line Revenue Code		_	4/45	Demined
SVD05	380	Quantity Description: Numeric value of quantity	0	R	1/15	Required
		Industry: Adjustment Quantity				
SVD06	554	Assigned Number  Description: Number assigned for differentiation within a transaction set Industry: Bundled or Unbundled Line Number	0	N0	1/6	Situational
		•				

### **CAS** Service Line Adjustment

Loop: 2430

Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

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	,,,,	~11		-	4		мιν	, ,

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code	М	ID	1/2	Required
		<b>Description:</b> Code identifying the general category				•
		of payment adjustment				
		Code Name				
		CO Contractual Obligations				
		CR Correction and Reversals				
		OA Other adjustments				
		PI Payor Initiated Reductions				
		PR Patient Responsibility				
CAS02	1034	Claim Adjustment Reason Code	M	ID	1/5	Required
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code				
		<u>ExternalCodeList</u>				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS03	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount				
		Industry: Adjustment Amount		_		
CAS04	380	Quantity	0	R	1/15	Situational
		Description: Numeric value of quantity				
0.00-		Industry: Adjustment Quantity				
CAS05	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
04000	700	Description: Claim Adjustment Reason Code	0	_	4/40	0:44:
CAS06	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount				
CA CO7	200	Industry: Adjustment Amount	•	п	4/45	Cityotional
CAS07	380	Quantity  Recognition Numeric value of quantity	С	R	1/15	Situational
		Description: Numeric value of quantity				
C4600	1024	Industry: Adjustment Quantity Claim Adjustment Reason Code	С	ID	1/5	Cituational
CAS08	1034	<b>Description:</b> Code identifying the detailed reason	C	טו	1/5	Situational
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS09	782	Monetary Amount	С	R	1/18	Situational
0,1000	. 02	Description: Monetary amount	9		1, 10	Citadional
		Industry: Adjustment Amount				
CAS10	380	Quantity	С	R	1/15	Situational
		4010A1 Version 1.02				Nobrooka Madia

		Description: Numeric value of quantity Industry: Adjustment Quantity				
CAS11	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
CASTI	1034	<b>Description:</b> Code identifying the detailed reason	C	טו	1/5	Siluational
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS12	782	Monetary Amount	С	R	1/18	Situational
CASIZ	102	Description: Monetary amount	C	11	1710	Situational
		Industry: Adjustment Amount				
CAS13	380	Quantity	С	R	1/15	Situational
CASIS	300	<b>Description:</b> Numeric value of quantity	C	11	1/13	Situational
		Industry: Adjustment Quantity				
CAS14	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
0/1011	1001	<b>Description:</b> Code identifying the detailed reason	Ü		170	Citaational
		the adjustment was made				
		Industry: Adjustment Reason Code				
		ExternalCodeList				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS15	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount	_			
		Industry: Adjustment Amount				
CAS16	380	Quantity	С	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Adjustment Quantity				
CAS17	1034	Claim Adjustment Reason Code	С	ID	1/5	Situational
		<b>Description:</b> Code identifying the detailed reason				
		the adjustment was made				
		Industry: Adjustment Reason Code				
		<u>ExternalCodeList</u>				
		Name: 139				
		<b>Description:</b> Claim Adjustment Reason Code				
CAS18	782	Monetary Amount	С	R	1/18	Situational
		Description: Monetary amount				
		Industry: Adjustment Amount				
CAS19	380	Quantity	С	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Adjustment Quantity				

### **DTP** Service Adjudication Date

Loop: 2430

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

#### **Nebraska Medicaid Directive:**

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
374	Date/Time Qualifier	М	ID	3/3	Required
	<b>Description:</b> Code specifying type of date or time, or				
	both date and time				
	Industry: Date Time Qualifier				
	Code Name				
	573 Date Claim Paid				
1250	Date Time Period Format Qualifier	M	ID	2/3	Required
	<b>Description:</b> Code indicating the date format, time				
	format, or date and time format				
	Code Name				
	D8 Date Expressed in Format CCYYMMDI	)			
1251	Date Time Period	M	AN	1/35	Required
	<b>Description:</b> Expression of a date, a time, or range				
	of dates, times or dates and times				
	Industry: Service Adjudication or Payment Date				
	1250	374 Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code 573 Date Claim Paid 1250 Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Date Expressed in Format CCYYMMDI 1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	374 Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code 573 Date Claim Paid  1250 Date Time Period Format Qualifier M Description: Code indicating the date format, time format, or date and time format Code D8 Date Expressed in Format CCYYMMDD  1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	374 Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code 573 Date Claim Paid  1250 Date Time Period Format Qualifier M ID Description: Code indicating the date format, time format, or date and time format Code D8 Date Expressed in Format CCYYMMDD  1251 Date Time Period D AN Description: Expression of a date, a time, or range of dates, times or dates and times	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code Name 573 Date Claim Paid  1250 Date Time Period Format Qualifier M ID 2/3 Description: Code indicating the date format, time format, or date and time format Code D8 Date Expressed in Format CCYYMMDD  1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times

### **SE** Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Ref	<u>ID</u>	Élement Name	Req	<b>Type</b>	Min/Max	<u>Usage</u>
SE01	96	Number of Included Segments	M	N0	1/10	Required
		<b>Description:</b> Total number of segments included in				
		a transaction set including ST and SE segments				
		Industry: Transaction Segment Count				
SE02	329	Transaction Set Control Number	M	AN	4/9	Required
		<b>Description:</b> Identifying control number that must be				
		unique within the transaction set functional group				
		assigned by the originator for a transaction set				
		Industry: SE02 must match ST02.				

### **GE** Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
97	Number of Transaction Sets Included	M	N0	1/6	Required
	<b>Description:</b> Total number of transaction sets				-
	included in the functional group or interchange				
	(transmission) group terminated by the trailer				
	containing this data element				
28	Group Control Number	M	N0	1/9	Required
	<b>Description:</b> Assigned number originated and				
	maintained by the sender				
	97	97 Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number Description: Assigned number originated and	97 Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number Description: Assigned number originated and	97 Number of Transaction Sets Included M N0  Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element  28 Group Control Number M N0  Description: Assigned number originated and	97 Number of Transaction Sets Included M N0 1/6  Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element  28 Group Control Number M N0 1/9  Description: Assigned number originated and

### **IEA**

### Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Ref	ID	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA01	<u>11</u> 6	Number of Included Functional Groups	M	N0	1/5	Required
		<b>Description:</b> A count of the number of functional groups included in an interchange				
IEA02	l12	Interchange Control Number  Description: A control number assigned by the interchange sender	M	N0	9/9	Required